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EDITORIAL COMMENT

ANOTHER WAR-TIME CHRISTMAS

We are almost in danger of forgetting the stirring events that are making history, our minds have grown so used to the thought of strife, of loss, of suffering. If the horrors of war remained acute to our senses, we should be unable to endure the long continued carnage or to carry on our allotted tasks, yet we do not wish to grow indifferent or callous. Christmas is a season of peace and good will, above all other times of year, yet we must not shut out of our hearts those whose Christmas is so strange and unusual. That the Christ Child can enter the trenches and walk between the lines of armies is shown by the many stories that came back to us last year of soldiers agreeing to a truce that they might sing Christmas carols, open their packages from home or even rejoice in a little Christmas tree. Can not each of us make her own Christmas a happier one by contributing something for the comfort of the soldiers or their families? The Red Cross will forward impartially funds or supplies to any destination; and it is our most reliable agency, the one with which our affiliation as Red Cross nurses makes us familiar. Let us give a little of our cheer to those so in need abroad and then look to the others nearer home who may be dependent on us for bringing the true Christmas spirit to them.

A JOURNAL LOSS

It is with great regret that we announce the resignation from the JOURNAL staff of Miss M. E. Cameron of New York City. For twelve years Miss Cameron has edited the department of Book Reviews, giving our readers, in a few keen sentences, the characteristic features of each volume sent her for consideration.

If anyone thinks it is easy to write book reviews, she should try it. The first few books considered would doubtless be interesting to read

or to write about, but after a time she would find herself falling into a rut, dismissing several volumes on the same subject with similar comment, failing to discriminate or to catch the distinctive features. The books reviewed may be interesting or they may be heavy; whichever they are, Miss Cameron's comments on them have never been dull. One has liked to read her department for the pleasure of knowing what she has to say, quite apart from the desire to be informed on the latest nursing literature. To write book reviews, one must first read the books, and we cannot wonder that after so long continued a diet of medical and nursing literature our reviewer longs for more leisure to devote to other themes.

Miss Cameron has been much appreciated as a member of the JOURNAL staff, for her material never failed to appear or to be of almost exactly the right length for the space allotted her. Summer vacations in Canada brought no break; the reviews came ahead of time, if necessary, but they always came. Her successor has not yet been chosen.

We believe the thousands of JOURNAL readers who have depended on Miss Cameron's judgment as a guide in their reading and purchase of books will wish to join us in regret at her resignation and in warmest good wishes for her welfare.

MATTERS OF INTEREST TO ALL NURSES

During the early days of November, meetings of the directors of the three national organizations of nurses were held in New York at which were discussed matters of interest to all of our affiliated organizations, on which our readers will like to be informed.

Reorganization. The Revision Committee reports that more than half of the state associations are known to be engaged in readjusting their state and local work so as to bring all in harmony with the plans of the national. Probably many other states are also at work but have not yet sent in definite reports to that effect. We may expect to have, at Philadelphia, very definite reports and suggestions as a result of the year's effort. Illinois and New York have had the inspiration of Miss Goodrich's presence. Four states, Indiana, Missouri, Kansas and Nebraska, had the good fortune to have Miss Deans present at their annual meetings to interpret for them the plans of the Revision Committee and to show them how they could be adapted to their needs. Miss Sly has had many requests for her personal help which she had been unable to meet, but no association has appealed in vain for her written advice; and she has had a busy summer and fall, reading present by-laws, thinking out new plans and answering

numerous questions in her clear and thorough way. The directors would like to suggest to the various state and local committees on revision that they should send postage when asking for advice. This would not be a heavy expense for each association but it would lighten the heavy bills of the Revision Committee. The gratifying feature of the work, as thus far reported, is that all the workers are anxious to coöperate and are doing everything in their power to make their plans conform to what seems to be for the good of the whole. Tennessee, because of its rather unusual feature of organization, is even now ready to come into the American Nurses' Association under the new plan. Formerly three district associations, covering the whole state, and one state association were represented in our membership. Now the district associations have withdrawn and will be represented through the state association which is formed of the three district associations.

The National Charter. Miss Delano reported her interview with the chairman of the District Committee of the House of Representatives which will have our bill for a national charter in its hands as soon as Congress convenes. She urged the necessity of reaching the members of this District Committee with requests for a favorable consideration of our bill, especially through influential men all over the country.

The Convention. The plans given by Miss Clayton for the programme for the next convention promise a week full of interest and education for every nurse in whatever branch of the work she may be engaged. The insistent demand for many subjects on the programme has made the committee decide that this year there must be some overlapping of sessions, which all will regret, but as one delegate to last year's convention said in her report, "We cannot blame the Programme Committee for making the sessions so interesting that we all want to go to everything." The date has been fixed as April 25-May 2, so nurses may begin now to plan their vacations to include this week in Philadelphia. There are always many things to be taken into consideration in fixing the date of the convention: railroad rates, the kind of weather to be expected in the city chosen, the time of year when examinations and commencement exercises are in progress, the time of month when reports must be made up, etc. This year the date was fixed by the fact that the Bellevue-Stratford Hotel, the only one adequate for housing the convention, had only this one week to spare for us, so other considerations had to be put aside.

HEALTH INSURANCE

This is a comparatively new subject for discussion in nursing circles in this country. Last spring it was brought to the notice of some of our members that bills on this subject were being introduced in several state legislatures which would probably apply to nurses as well as to other workers, and a joint committee was appointed from our three national bodies with a view to seeing whether nurses could not be excluded from such legislation. To the surprise of all, including the committee members, the report they gave at the recent directors' meetings was strongly in favor of having nurses included. We shall hope later to state at greater length why these committee members changed their minds, but we wish now to say that the directors after hearing their report felt it sufficiently important to urge all state associations to make a study of the subject, to include it in their programmes for discussion and to have, if possible, a speaker to present it.

THE RELIEF FUND

It seems to the editors of this magazine that the Relief Fund has been explained over and over again, almost to the weariness of our readers, yet still there comes to us the request, Can't you tell us what it is?

The Relief Fund of the American Nurses' Association was established in 1911. It now amounts to nearly \$18,000 and this sum has been contributed almost wholly in small sums by nurses themselves, a favorite method being a pledge of \$1 a year for three years. The fund is managed by a special committee of the national association, known as the Relief Fund Committee, all of whose actions are reported to and are ratified by the directors of the American Nurses' Association. This national committee is now being aided by State Relief Fund Committees which are rapidly being formed to have oversight of the work in their own territory.

The Relief Fund is in no sense a pension fund. The fact that a person has contributed to it does not necessarily entitle her to its aid nor does the fact that she had not contributed, debar her from its benefits. The committee is keeping within the income of the fund, and in considering applications for aid it is guided by the amount available for use, as well as by the needs of the applicant. In every instance where help is granted, the local association to which a nurse belongs is expected to do all in its power to help her, in addition to what the Relief Fund can give. From this it will be seen that the

Relief Fund does not interfere in any way with local benefit or pension funds, that it is intended to supplement these rather than to take their place.

Possibly a few extracts from letters regarding the fund may illustrate better than any words of ours can do, the spirit in which the fund is administered and in which it is accepted.

From an applicant: "I received (the check) and I certainly appreciate it, it is the first help I've received since I've been sick, which will be two years next month. I've never been in a position before where I've had to accept help."

From an association: "I wish I could make it clear to you how really rich we feel by your sending this check, not alone in money but also by the fraternal feeling it portrays. It reassures us to better endeavor, toward a higher standard in the nursing field, for through it we feel the fellowship of other workers. I believe this Relief Fund has a two-fold mission: that of direct financial help, as in this case of —, and also it shows a definite aim to the 'doubting Thomas' who has failed to see the need of nursing organization."

From an association: "Miss —'s case is an example of what co-operation will accomplish. It has done much to make our alumnae members feel the pulse of the national organization and that they are a vital part of the great whole."

THE ROBB MEMORIAL SCHOLARSHIPS

The Robb Memorial Fund Committee wishes to receive more applications for scholarships from nurses in all parts of the country, not because it has a greatly increased number of scholarships to bestow, but because it wishes to have the fund used for the help of those who will make best use of it for the good of their profession and ultimately for the public. The more applications there are, the more wisely can they be bestowed.

The applicant must be a graduate nurse, a member of the American Nurses' Association, well-recommended by those who know her character, her accomplishments and her possibilities. She must have had a full high school course or its equivalent and her professional training must have been in a school recognized as satisfactory by the state in which it is located. The scholarship provides the tuition required in one of the places of study selected by the committee for preparation for administrative work in hospital or training school, in the public health field or in dietetics. It does not provide for maintenance, which amounts to about \$400 in any of the courses selected. A nurse should

not apply for a scholarship unless she can provide this additional amount required for her personal use during the scholastic year. The fact that her income ceases while she is studying makes the period an expensive one, even though she have obtained the scholarship, but the sacrifice often involved is well worth while when we consider the crying need for better prepared instructors in all branches of nursing work.

A VALUED ADDITION TO PUBLIC HEALTH LITERATURE

There have been fewer additions to the literature of public health nursing than to any other branch of our work, probably because public health nursing is our youngest child and our nurses have been too busy trying to grapple with the tremendous problems involved in its swift growth, to sit down and write about it. Miss Foley's little manual, originally prepared for her own staff of nurses, has been in constant demand, and there are many inquiries for the book on school nursing for which we are still waiting. Possibly the illness which has kept Mary S. Gardner of Providence a prisoner for a year or two was a blessing in disguise, to her profession, if not to herself, for it has given her the leisure to think and to write the book so needed on public health nursing. The volume is not yet out of press, so we cannot speak from an actual perusal of it, but we understand from the announcements that it covers more ground than does Miss Foley's little manual, that it deals with the vexed question of how to organize, and that it will soon become an indispensable reference book. Knowing Miss Gardner's clear and interesting manner of writing, from the addresses she has prepared as president of the National Organization for Public Health Nursing, we can confidently predict that the book will prove interesting reading. It will add to our enjoyment to know that Miss Gardner's health at last allows her to return to active nursing service where she will find herself most welcome.

FRAUDULENT AGENTS

We have heard recently of two instances of pupil nurses being swindled by an agent purporting to represent the AMERICAN JOURNAL OF NURSING. Superintendents are urged to warn their pupils against men who are unknown to them and who come to the training school to solicit subscriptions. Our agents are in all cases nurses well known in their communities. Safety lies in sending subscriptions directly to the JOURNAL's Rochester office or in putting them in the hands of a nurse who can show credentials authorizing her to act for the JOURNAL.

THE PRIVATE NURSE AND TWENTY-FOUR HOUR HOSPITAL DUTY¹

By ANNA C. MAXWELL, R.N.

New York, N. Y.

Twenty-eight years ago when I was called to New York to undertake the responsibility of a metropolitan training school, I found the custom of twenty-four hour duty for special nurses well established in all hospitals, both public and private. Each private room was supplied with a small cot or couch, much too narrow and often too short for the tired nurse who, because there was no alternative, was compelled to make the most of this make-shift in order to secure the few hours of sleep and rest so vital to the conscientious performance of her duty.

The struggle for better conditions began immediately. Naturally the question of expense was the paramount factor in the argument. Why should the patient be called upon to pay the extra fee for a night nurse when this service could be rendered by one nurse performing twenty-four duty? When patients arranging for hospital treatment engage an expensive private room or suite of rooms, and are able to meet the fees of the physician and surgeon, they should be able, also, to meet the expense of proper nursing care, and from a moral point of view should be unwilling to accept a service involving such human sacrifice. In many cases, for example after a major operation has been performed, the necessity of watching for hemorrhage is almost constant. Can a nurse who has had a strenuous day be relied upon for such service? She may be able to snatch a few hours of broken sleep provided the patient does not require constant waiting upon, but she bears the responsibility if anything goes wrong and a human life may be at stake!

Those unable to meet increased nursing fees should be willing to take less expensive rooms or enter the semi-private wards with which most modern hospitals are now provided. Some patients, unable to meet both expenses have been known to exchange the private room for the open ward, preferring good nursing care to the seclusion which the private room affords.

All financial arrangements for "special nursing" should be made by the hospital. The hospital must be recompensed for the board of the

¹ Read at the fifteenth annual meeting of the New York State Nurses' Association, Buffalo, October 18, 1916.

nurse, which is included in the charge, and the nurse is saved the temptation of making an over-charge to the patient for any extra services rendered. The importance, also, of the special nurse being strictly under the direction of the hospital authorities must not be lost sight of, as frequent points of difference may arise when the patient has engaged the nurse and claims the right to dictate accordingly.

The twelve-hour duty for special nurses in hospitals could not have been established without the cordial support of the medical profession. The coöperation and sympathy of those physicians who look upon the nurse as an integral part of the success of their work has always been of the utmost value, and we wish to express our gratitude and sincere appreciation of their aid in this reform.

After so many years of steady progress, both in the methods of care for our patients and in the improvement of the environment and welfare for the nurse, it would seem that we must have travelled far, and that very little sympathy could remain for the methods of nearly thirty years ago, yet not long since, while on a visit to one of the hospitals in a large western city, a well-known surgeon exhibited to me, with great gusto and pride, a trundle-bed! his own invention for the nurse's use at night. I thought we had outgrown the trundle-bed stage, but this cot, as the surgeon proudly stated, was so designed that it could be stored under the patient's bed during the day!

The objections to this unsanitary arrangement are obvious, among others, the obstruction of the free passage of air beneath the patient's bed, the lack of proper daily care of the nurse's bed clothing. I might add that this plan must be particularly trying and often obnoxious to the nurse under conditions that frequently surround a helpless patient.

After so many years of practical experience there come to my mind many serious objections to the system of twenty-four hour duty for nurses, the most important of which is the absolute unfairness of the arrangement to both patient and nurse.

We all know that few patients sleep well at night with another person in the room; this is particularly true of nervous patients and there are few hospital patients who do not suffer, to a greater or less degree, from "nerves." We all know that a woman patient may lie awake for hours, dreading and expecting some slight movement or noise which, if she were to allow herself to fall asleep, would rouse her immediately, and she knows that for the remainder of the night, sleep would then be impossible. There is also the patient who feels it a duty to keep the nurse busy every moment and who lies awake planning how this may be accomplished. Under these conditions there is little time for rest or sleep for the nurse, and, on the other hand, in

instances where the patient lies awake dreading to fall asleep, the nurse, in her utter exhaustion and relaxation, frequently provides just cause for this dread! She is too tired to lie awake, and so, unless her services are required, promptly falls asleep and sleeps peacefully on, totally unconscious of the fact that she is often the innocent cause of a sleepless night for her patient!

The lack of sufficient fresh air and ventilation in the room for both patient and nurse is a serious handicap. The patient may or may not approve of plenty of fresh air at night; in any case, the nurse must, before she retires, adapt herself to the condition, or whim, of her patient and so is frequently deprived, even at night, of the proper amount of oxygen her system demands. Under these conditions, it must not be expected that the nurse will waken in the morning fresh and bright, ready for the day's work, or to bring to her patient the inspiration so important to rapid recovery. As she has not left the patient's bedside for any length of time, the nurse can not bring with her on the morning of a new day a fresh point of view, nor is it possible for her to cheer and amuse her patient by reciting any little incident or experience that may have transpired during her absence from the hospital. These seemingly small attempts on the part of the nurse to cheer her patient who, especially in cases of protracted illness, may be confined day after day within the same four walls, afford much real pleasure and relief from the monotony of hospital life. One of the most important advantages of twelve-hour duty, to the patient who requires constant care, is in the regular appearance every twelve hours of a bright, fresh, clear-eyed nurse, who carries with her a breath of the outside world, and who by her keen, alert, interest brings assurance that the comfort and welfare of her patient is her only consideration. No tired-out nerves here, this type of nurse knows the value of moderation and will reap her reward, not only by being able to continue her usefulness and efficiency for a longer period of years, but through the favorable and wholesome reaction upon her patient by her own physical fitness.

A noted surgeon has recently stated, "A tired nurse is not reliable, she is like a worn-out horse and the only remedy for both is to be *shot*." A drastic measure surely, but is it not well to know how the over-worked, worn-out nurse is regarded by some of the experienced members of the medical profession? And is it not also well to remember that in their estimation it does not increase her value when a nurse becomes physically and mentally depleted? In order to attain 100 per cent or even 75 or 50 per cent efficiency a nurse can not afford to be on duty for twenty-four hours at a stretch.

In many states stringent laws are in force, regulating the hours of railway employees, so that the "man at the switch" may not, by falling asleep, endanger the lives of the public. Is it not of as vital importance that the hours of a nurse shall be as reasonable, so the life of her patient may be safe in her hands? The American Red Cross text-book says: "No human being who has been over twenty hours without sleep is in any condition to carry out orders for the sick."

Ethically speaking, the moral effect of twenty-four hour duty leaves much to be desired. During an extensive and varied experience, my observations have led me to believe that a system that subjects the nurse to the close and too intimate association with her patient is undesirable, and unjust both to the nurse and to her patient, to say nothing whatever of the wrong impressions frequently entertained by the public. The system appears to me to be especially unfair to the young, unsophisticated nurse who, because of her lack of knowledge of the world, is apt to affect mannerisms and a style of negligee at night with the frequent result that her faith in the human family has been rudely shaken and her innocent outlook on life has been changed at the very threshold of her career.

CLEANING THE MEDICINE CLOSET

By M. E. C., R.N.

Flushing, New York

To clean the medicine closet and change the bottle labels, is the duty of every nurse at some time or other, and it is often a messy task. The label part may be greatly simplified if a small bottle, or test tube, is filled with water and fitted with a cork of absorbent cotton. When inverted, the cotton becomes just moist enough to dampen the gummed side of the label, which may be applied with dry fingers and no smudges.

An article of this sort is available to every one, and may be used for many purposes, outside of the ward or laboratory, for instance sealing envelopes, affixing stamps, in the X Ray room to moisten the plate marks or bindings, etc.

SOME PRINCIPLES OF INFANT FEEDING¹

By JAMES C. CARTER, M.D.

Infant feeding means either the use of breast milk or modifications of cow's milk. The use of patent foods is a problem to be solved after the first two fail. However, in most cases there will be no failure.

Breast milk is the one natural food for the new born infant. There can be no substitute offered as long as there is any of it to be obtained. A nursing baby has only one chance at infection—that from an unclean nipple—while the bottle fed infant has an infinite number. Breast milk is supplied by Nature for a purpose. Running true to form it accomplishes this only too well.

There are many excuses offered, likewise poor advice given, why a mother should not nurse her baby. Almost all of these will not prove up when tested. Real reasons are much harder to find than many of us will admit. Any prolonged wasting sickness, such as tuberculosis, cancer or any infectious or contagious disease, is the only valid excuse to substitute artificial feeding. Laziness gives many a mother the chance to shirk her duty. Economic demands also must be recognized. With a mother's pension law being adopted in many states, the necessity of a mother earning her living at the cost of not nursing her baby is abolished. With the known high mortality among bottle fed infants, we who represent preventive rather than curative medicine must urge all mothers to think twice before adopting substitute feedings for their babies.

It is better to have a baby nursed for two months than not at all. If the time can be extended to five months the baby's chances of living are increased far beyond our ordinary estimates.

In case a mother can not nurse her baby, the next best thing is to get a wet nurse. The problem is easily solved if a healthy wet nurse of any nationality can be obtained. The expense is often prohibitive. Breast milk from several healthy sources can be utilized if gotten under the best aseptic conditions.

The final test of the use of breast milk is not, as many suppose, the appearance of the stools, but rather a consistent and steady gain in weight. A breast fed baby's stools can be almost any color or condition without cause for worry as long as there is a good gain in weight.

There are times when a mother's milk does not seem to agree with her baby. Artificial feeding should not be substituted at once in such

¹ Read at the recent annual meeting of the Indiana State Nurses Association.

an instance. There should be an analysis made of the supposed faulty milk and the defects, if such exist, corrected by diet and exercise. It is easy to thoughtlessly advise the use of a formula but very difficult to raise a baby on one.

The routine of infant feeding calls for nothing but boiled water for the first twenty-four hours. This gives the mother a chance to rest. Then for the first two months we establish seven feedings of twenty minutes each. From the third month on until the baby is weaned six nursings a day are given. Towards the last, five will be enough. All of this is by the clock. If a mother will make herself a slave by nursing her baby every time it cries, then the blame for the certain resulting upset must be placed where it belongs.

There are cases when the supply of breast milk, even if both breasts are nursed, is not enough. This condition if it can not be corrected calls not for the discarding of what little milk there is, but rather the addition of a supplementary feeding of a cow's milk modification. This additional food is given after the nursing, never before, as it is breast milk we wish to feed, not cow's milk. The best tonic for a failing supply of breast milk is a nursing baby.

During the third month the nursing infant should have a full feeding of a suitable formula once during the twenty-four hours. This is given so that the mother can have recreation and at the same time accustom the baby to take the bottle.

When the real need arises that artificial food must be used for the entire time, one's troubles begin. It is to be remembered the food must be fitted to the individual case and not the case to the food. This is why set formulas fail in so many cases. The proper balance is not established. The problem calls for experience plus common sense plus patience. Here the final test is a consistent gain in weight and a very careful watching of the stools. If there is fat, sugar or proteid indigestion the fault or faults must be corrected early.

Artificial feeding calls for cleanliness. Success depends on this. Every mother should be taught the meaning of surgical cleanliness. The more care taken, the less the chance of infection.

Until it has failed, cow's milk is the only artificial food worthy of use. Our ideal is a clean milk obtained from a healthy herd under the best possible conditions. Certified milk is the best. It represents the highest known standard. It is not the number of bacteria in the milk that worries us but rather the particular kind. Better to feed 500,000 harmless bacteria than ten scarlet fever germs. A milk that runs a high bacteria count will in time contain harmful ones. This is why a low count is demanded. Clean milk costs money. It is our duty to explain the need for this cost.

The best nursing bottle is a wide-mouthed one fitted with a large nipple. These can be readily cleaned with soap and water as well as boiled. The clean nipples should be kept in freshly boiled water—not in a boric acid solution. Water will be changed daily but a boric acid solution is apt to go weeks without being renewed. Boric acid is a weak germicide at the best so it is poor policy to put much faith in it.

Cow's milk is modified by adding either boiled water or a cereal water, extra cream and sugar. The sugar used is either lactose or dextro maltose. The choice rests with the latter as it is more easily digested and absorbed.

Lime water is added to a milk formula to lessen the work of the stomach and to decrease the size of the curds. The amount used is from 20 to 50 per cent of the milk and cream in the formula, and not a few drops.

The entire twenty-four hour amount of a formula is prepared at one time. If certified milk is used there is no need of pasteurizing it. The correct amount for each feeding is poured into the bottles, these plugged with cotton and kept on ice until needed. At a feeding time a bottle with its contents is heated to body temperature. The bottle should be held and removed as soon as empty or else the baby will get a large amount of air which will produce colic.

Unsweetened orange juice is given to all artificially fed babies to prevent scurvy. The amount varies from a teaspoonful to the juice of half an orange. It is also a mild laxative.

Many and many a baby grows to the mature age of one year a total stranger to drinking water. Plenty of water will never do a baby harm. The terrors of a heat rash in the summer time can be avoided if it is used in large amounts.

The publication of the so-called normal tables of development has caused a lot of needless worry. These tables are invariably made from hospital records. I am not yet ready to admit hospital children to be normal. A mother consults a development table, finds to her great astonishment her otherwise healthy baby is a pound under weight. She begins to worry as well as fret. However, if her child is over weight she does not hasten to diet off the surplus. Common sense should be encouraged. Baby books must be read in generalities and not fitted to specific cases.

To sum up: Breast milk is the only real food for infants. It is the ideal. Artificial feeding will do if need be but the reason must exist before it is adopted. Artificial feeding demands care, cleanliness, constant watching and patience with the possibility of failure always in view.

HYPODERMIC INJECTION

By JOSEPHINE HUGHES, R.N.

New York, N. Y.

The giving of a hypodermic injection is a duty which is often dreaded by a young nurse and as this particular method of giving a medication requires perfect asepsis, the difficulty of having both medication and syringe sterile is obviated if the necessary articles are provided and if there is a definite rule which the nurse may follow.

The following method is employed in the Margaret Fahnestock Training School of the New York Post-Graduate Medical School and Hospital, New York City.

The hypodermic tray contains the following articles: Alcohol lamp, sterilizer for syringe and needles, sterilizer for solution, flask for sterile water, glass cover box with needles and wires, glass cover box with alcohol and sponges, glass dish for burned matches, glass jar with alcohol, 70 per cent, and forceps, Luer syringe in compress, box of matches, package of sterile compresses.

All medications are kept in a medicine cabinet just above the tray. To prepare a hypodermic:

First. Pour water from the flask into the spoon and let it boil. Place a tablet in the boiled water and dissolve it, using the forceps to take the tablet from the bottle.

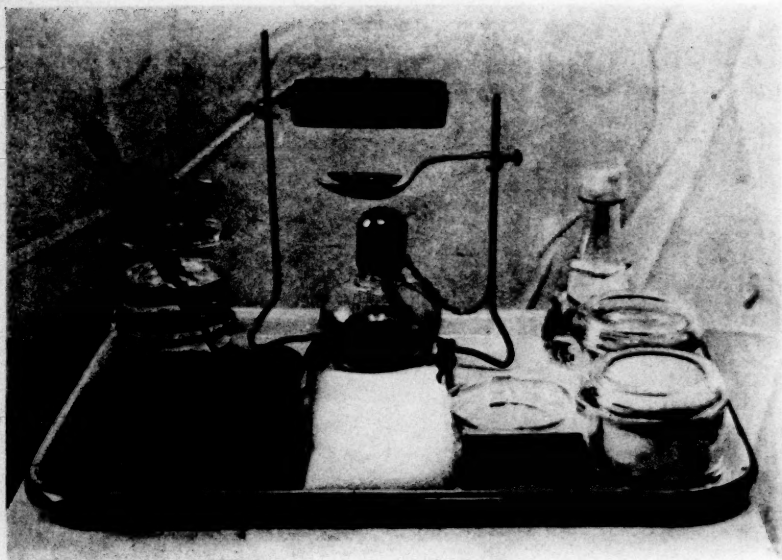
Second. Pour water from the flask into the sterilizer. Remove the wire from a needle. Place the needle and syringe in the sterilizer, separating the piston from the barrel. Boil one full minute.

Third. Draw the solution from the spoon into the syringe.

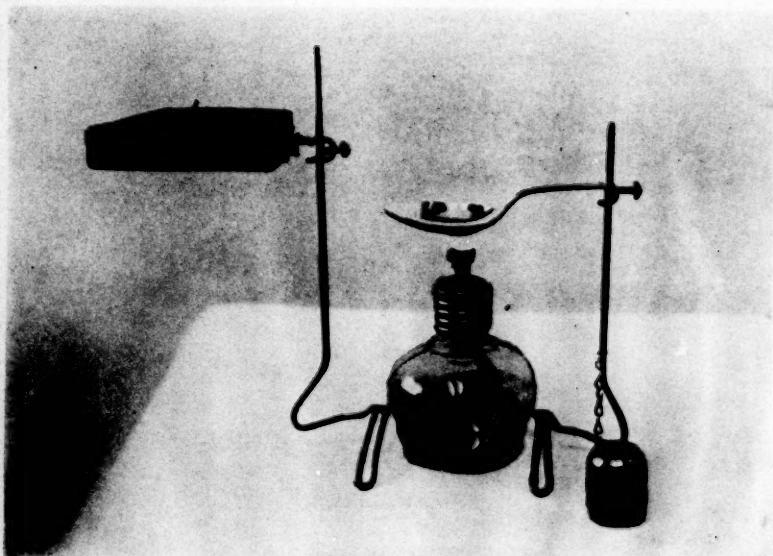
Fourth. Attach the needle, using forceps. Expel air. Place on sterile compress.

The hypodermic is now ready. Prepare the patient by washing the skin with alcohol, 70 per cent, using a sponge. Pick up the muscle between the finger and thumb and insert the needle under the skin at an angle of about 65 degrees. Some doctors prefer to have the skin stretched, instead of pinched, when the needle is inserted.

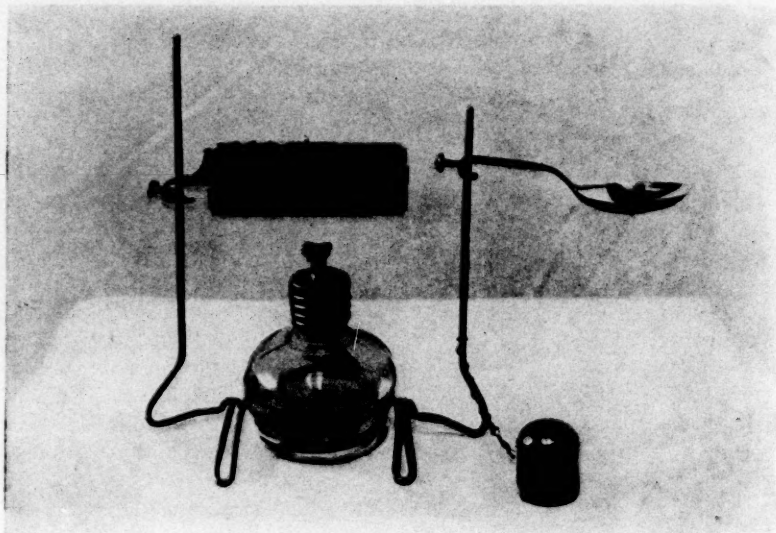
After the hypodermic has been given, wash the syringe and needle under running water, separating the piston from the barrel. Wipe dry. Insert the wire in the needle. Boil the needle for one full minute and place it in the covered box. When camphor or mercury salicylate is used, the syringe is to be washed in warm water and soap.



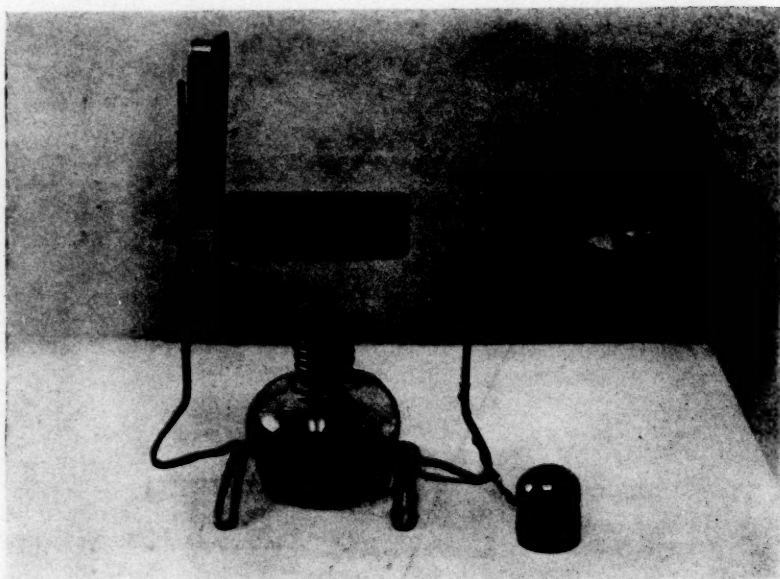
HYPODERMIC TRAY



STERILIZER FOR WATER AND TABLET



STERILIZER FOR SYRINGE AND NEEDLE



STERILIZER OPEN WITH PLACE FOR LID

AN EPISODE

By EMMA MOYNIHAN, R.N.

Sauk Centre, Minnesota

Margaret Conlin wearily climbed the stairs, dragging one heavy foot slowly after the other. Lunch was over and she had just started the three older children to school with the usual final instructions: "Margaret, take your handkerchief. Walter, do wash your face and hands before you go. No, Irene, you musn't go to Tibbie's after school; her mamma is away." How tired she was of that constant repetition. Would they ever be able to take care of themselves?

It had been a busy morning for her. A few days' absence had piled up the work till it seemed as if she would never be through. She had spent an hour or so in the garden, thinning carrots and radishes, pulling stray weeds, and carefully transplanting a bed of cosmos to a brighter, sunnier spot. After that, the week's mending, with its pile of holey little stockings and buttonless frocks, had filled the hours till noon. Repeated calls to the telephone and a couple of persistent agents had only increased a growing irritability. A carelessly served lunch and a glass of spilled milk had brought tears to her eyes and a lump into her throat but she bravely held in till her busy doctor husband had finished his meal and hurried away on an emergency call.

The house was quiet at last and as she thought of her cool, breezy room above, she unconsciously hurried her steps. A quick plunge in a warm bath, the feel of the fresh muslin nightdress and soft silk kimono brought a sigh of relief as she threw herself onto the bed.

How tired she was!

Nine years before, as a bright young nurse in the employ of a well-known surgeon, she had married an ambitious young doctor with a determination to get ahead. Four babies came quickly, but she was blessed with strength and health and so they were a sturdy lot.

George Conlin had prospered and held the respect of the entire community. His large practice kept him much away from home, but the hours he snatched from business to spend with the wife, of whom he was so proud, and his romping babies only spurred him to further endeavor.

Margaret's charm and sympathy made her very popular in the busy little Minnesota town. She was the friend of all, and many were the calls upon her during sickness or trouble. No matter how pressing the duties at home, she never spared herself. Many times, after a

hard morning in the kitchen, a hurried conversation over the 'phone would send her flying into a clean housedress. The honk of the auto at the door would find her in her old grey coat, ready to hurry to someone's relief.

As she lay there, thinking of it all, the question kept coming to her mind: "What do I, myself, get out of it? A good living? True, but I am able to earn that for myself with less labor and more freedom. The love of husband and children?" Perhaps, but did George really love her? Looking back to their courtship, it seemed that his talk had been always of a large practice, advancement in the profession, or broader fields of learning. It appeared to her now that she had appealed to him only as one who would give him strong sons who would continue where he left off.

Occasionally there had been a burst of tenderness, of which he, later, seemed ashamed. In her own mind, she excused this, for he came of a family trained for generations to stifle all show of emotion, but it did seem, after all she had done, that he might occasionally forget the patient and love her just a little for herself alone. A kiss or an embrace would have made her happy for days. But then—he was so busy and so tired, after long drives over rough roads and long hours spent in cheerless farmhouses, awaiting delayed confinements.

As to the children, all they really ever wanted was something to eat or something to spend and Frances, the maid, could wait on them fully as well as she. Hadn't she taken perfect care of them last week, while the tired mother stole a few days to attend her alumnae meeting?

Last week seemed ages ago. Mary Morrison had looked so sweet and capable as she told of her work with the Red Cross in Serbia. That was a beautiful suit Juel Dillon wore. Grace Cooper had improved, that year abroad with a patient had given her just the opportunity she needed.

As Margaret lay there with her eyes shut, she felt, for the first time, that she was out of the rushing stream of life, stagnating in a weary round of servile tasks. In all that class she was the only one who showed the tell-tale streak of grey at the temples, and she felt old.

Here sleep intervened, and for an hour, not a sound was heard in the roomy old house but the song of the birds from the trees outside.

A persistent ringing of the telephone brought her to her feet with a start. "Yes, you, George,—ten minutes, you say—all right, I'll be ready."

Up the stairs she flew and into her clothes. How the sun shone and the birds sang. It was really a pleasant day, after all. Gone were the gloomy doubts and fears of so short a time before.

"Frances, will you go up into the attic and get that box of baby clothes? Put in a sheet or two, please. You baked today, did you not? Just add a loaf of the fresh bread. Have a lunch for the children when they come from school, the poor dears are always so hungry."

When the car drew up to the door, she ran down the steps with a song on her lips. In her crisp white dress and severe little hat, she looked the picture of efficiency.

Out into the beautiful country they sped, passing white farmhouses, nestling in their stately groves, immense barns, granaries and silos; on past waving fields of grain and rolling pastures dotted with herds of Holstein and Shorthorn. It was a prosperous community and as they sped along, many a farmer drew his car aside, with a respectful bow and smile, to let them pass. At last they turned into a winding lane. A dog ran out and a forlorn group of dirty children, huddled together near a big barn, told of a mother too sick to care. A helpless old woman, with tears streaming down her withered cheeks, opened the door. Inside, a big, awkward farmer stood holding a round-eyed two-year old.

"She's very bad, Missus, I dunno as you could do anything. I was out in the fiel' and the chillern come a-runnin' an' said Ma said to come quick, an' when I got here that mattress was soaked through. I sent for Doc right away but he says she is pretty sick. Do you think there is any chanct for her?"

By this time the little hat was off and sleeves were rolled up. Margaret quickly built up the dying fire in the range and set on two kettles of water. Softly stepping into the room where her husband bent above the motionless form of a white-faced woman, she took his hurried orders. In twenty minutes the mussy kitchen was cleared for action. The patient was laid on the improvised table and the dangerous task of saving two lives began. It was a placenta praevia with a severe hemorrhage, at eight months, and breech presentation.

Much practice had made of Margaret an excellent anesthetist and as she gave the ether, she watched her husband skillfully deliver the tiny body that was to live but a few hours. Her mind flew back to the reflections of a few hours before. How unkind of her to doubt his love. No man could perform such tasks, going down into the depths of misery with these suffering women, day after day, and still not love the mother of his children. Never again would she let such a thought enter her mind.

As he handed the tiny blue body into her blanketed arms, she thanked God for the ability and opportunity to serve "even the least of these."

There was no sign of life. She deftly cleared the throat of mucus, dipped the little body from warm bath to cold, gave artificial respiration and was finally rewarded with a gasp and a feeble cry. The old woman had meanwhile hunted up the clothes basket and a few empty beer bottles. With these Margaret made a cozy little incubator.

Soon the mother was resting in a clean warm bed, and the tiny new-born in its nest was trying hard to breathe alone.

With a last look at the babe, Margaret and her husband climbed into the back seat of their big family car.

"Margaret, is your collar buttoned up around your throat? Here, take more of this robe. Say, wasn't that a corker? That child won't live. You were awfully slow getting out, I thought you'd never come. Are your hands warm? This is a cool breeze."

He grasped his wife's hand, forgetting to release it, and with a contented sigh, settled down in his corner. Surely he loved her. Why had she doubted it?

As they drew up in front of their home the children rushed out. "Oh, mother, where were you? We looked all over for you and you were gone. May I sit next to you?" They, too, loved her. With one on either side and one in her arms, she hurried in to prepare for dinner, glancing with a sigh of satisfaction at the snowy table awaiting them.

THE FOOT IS A SERIES OF ARCHES

The arch of the foot is not a simple curve but a series and union of radiating arches at different levels, the highest on the inside of the foot, the others gradually lowering to the outside of the foot.—The arch receives and transmits pressure not only directly but by inclined planes, levers and pulleys. This transmission of the weight of the body to mother earth is the first and fundamental duty of these beautiful servants to their erect owner.

The highest point of the innermost part of the arch receives the body weight and is itself so placed that it bears that weight to the inner side of the foot. The other parts support and brace it. The points of the arch which rest on the ground—the heel and the base of the big toe—are then the proper points on which to rest the body weight and the ball of the big toe and not the whole ball of the foot is the very center of foot activity.

To keep the arch in good tone is the keynote of foot health. Whatever impairs the general health impairs the ligaments that bind together the bones which make up the arch and the foot weakens. Correspondingly the foot may be strengthened by exercise and so meet increased strain such as long standing, overweight and the like.—*Public Health Bulletin, published by The Michigan State Board of Health.*

DISEASES OF THE THROAT

By CHARLES R. C. BORDEN, M.D.

Boston, Massachusetts

Diseases of the larynx were formerly quite common. Of late years they have considerably decreased in number. As laryngeal diseases are largely due to diseased structures higher up, or to mechanical obstructions in the nose or throat, the decrease in laryngeal disturbances is easily explained.

Acute laryngitis is an inflammation in or about the vocal cords. Its principle symptom is the loss of voice. It is seldom accompanied with pain, and the loss of voice depends upon the severity of the inflammation. The degree varies from huskiness to complete inability to make a sound. Laryngitis in the acute form is not a dangerous matter. It is more or less apt to follow any common head cold or acute inflammation in the nose or throat.

Chronic laryngitis, on the other hand, is often very serious and its presence indicates serious involvement of the laryngeal structures. Syphilis, tuberculosis and malignant growths are the common causes.

Tubercular laryngitis is usually secondary to pulmonary tuberculosis. It is rarely a primary disease. It usually develops late in the course of pulmonary tuberculosis. In the early stages huskiness of voice is usually the first symptom to appear. In the average case the inflammation slowly grows worse and after a time difficulty in swallowing and pain develop. Patients with tubercular disease of the larynx suffer greatly. During the past few years much has been done to relieve the suffering, but it requires the services of physicians particularly skilled in this art to relieve or cure the unfortunate victims of tubercular laryngitis.

Syphilis of the larynx is not uncommon. The possibility of this disease is *always* to be suspected in any case of chronic laryngitis.

Malignant growths involving the larynx are frequent. In cases of advanced age, this is probably the most common cause of laryngeal disease.

Foreign bodies in the larynx, trachea, bronchial tubes and esophagus. All manner of small objects may find their way into the above structures and lodge there. With such a condition present the result is serious. Coins, pins, collar buttons, tacks, small nails, etc., are often held in the mouth by certain individuals who acquire this pernicious habit. A sudden, forcible inspiration may suck one of the small bodies

into the larynx. Coughing may fail to expel it but further inspiration may draw it still further down into the respiratory tract, where it permanently lodges. Literally hundreds of such small foreign bodies have been taken from the larynx, trachea or bronchial tubes of both adults and children, during the past few years. The first case I had in my service at the Boston City Hospital this year was a five cent piece firmly lodged in the larynx of a small child. The coin had been there for three days, and was firmly embedded in the oedema of the surrounding tissues. An X-ray photograph showed it plainly, and it was removed without great difficulty.

Foreign bodies in the respiratory tract are likely to cause septic pneumonia, though it is amazing how long they may remain there without causing distressing symptoms. Recently, while riding upon a train, a stranger with whom I was talking told me he and his wife were returning from Pittsburgh where his wife had recently undergone a marvelous operation. It seems that the lady had inhaled a large-headed pin five years before, and had little or no trouble from it until recently. The gentleman told me that the pin was removed in five pieces, and that a special instrument was devised and made to remove the head of the pin which was the last fragment to be withdrawn. This remarkable feat was performed by Dr. Chevalier Jackson of Pittsburgh, who is acknowledged to be the leading operator in the field of bronchoscopy in this country.

WOMEN AND CANCER

Between the ages of 35 and 45 three times as many American women as men die of cancer, between the ages of 45 and 55 twice as many. Generally speaking, the excessive mortality among women is due to cancer of the breast and of the generative organs. These forms of the disease, like others, are curable by qualified treatment in the early stages.—*American Society for the Control of Cancer.*

CARING FOR THE PATIENT'S FLOWERS

By CORA McCABE SARGENT, R.N.

Towson, Maryland

While it is hardly justifiable to claim that a nurse must include in her professional repertoire a knowledge of botany, yet it is only fair to demand that she should at least possess a certain amount in order that she may intelligently care for the plants and cut flowers which thoughtful friends send her patients, this from the standpoint of promoting the pleasure of the patient as well as paying a graceful attention to the sender. Very few of us but have had the disconcerting experience of finding the flowers which we have visioned as gratifying the eye of a sick friend, and radiating cheerfulness, hanging their heads in mute appeal for attention, all because the nurse is indifferent or, which is hardly less culpable and just as inexcusable, the art of preserving their pristine freshness is to her a sealed book. Again, how often is the eye of the patient tormented by the arrangement or, rather, the lack of arrangement, of flowers; the nurse displaying no sense of discernment as to color harmony or the habits of plant life. For example, a floral offering made up of quite a variety of seasonable flowers was recently sent to a hospital patient, with a view to carrying into the sick room a glimpse of the luxuriance of Nature's garden, rather than just one portion of it. The sender, upon paying a personal visit the next day was rightfully indignant to discover that all the flowers, regardless of kind, color, short stems or long, had been bunched and literally stuffed into one receptacle, the short stemmed ones nearly submerged in the water, while those having long stems were hanging limply over the sides of the vase.

It is a popular error to believe that flowers should be transferred directly from the garden to the packing box. The truth of the matter is, that this is the surest way to insure their becoming limp. In proof of this, note how quickly a flower droops that, though freshly cut, is carried in the hand for even a very short time. On the other hand, if the flowers are put in deep water for several hours, or until the stems have absorbed sufficient water to replace the sap lost in the separation from the parent stem, they become as fresh as before cutting. In this is also found the explanation as to why cutting a portion from the stem end each day tends to keep them fresh, new pores ready to "drink" being thus opened. Otherwise, the stems become water-soaked.

The first thing to do in unpacking a box of flowers is to lift them out with the greatest care, as the slightest bruise will often blight a cut flower. Then take each flower separately and stand in cold water so deep that only the bloom will appear above the surface. When this has been done, carry the flowers, still in the deep water, to a cold room or, better still, stand them in an ice chest, and let stay for an hour in order to allow them to "find" themselves. Rest assured if they have come from a florist who knows his business they were given the "water treatment" before they were packed. At the end of an hour, unless they have been bruised in transit, it will be found that the stems have stiffened and all tendency towards withering has disappeared. If this is not the case, add a few drops of aromatic spirits of ammonia to the water. This seldom, if ever, fails to revive a flower that is not wholly past doing anything with.

Then comes the transferring of the flowers to the receptacle in which they are to be carried into the sick room. It is here that the nurse's real knowledge and artistic sense of arrangement are put to the test. She should appreciate that plants, like people, have certain habits of living which are essential to their well being. For example, flowers of stiff, upright growth should be put into a vase or other receptacle sufficiently tall to humor this habit and which contain enough water to prevent the long stems from becoming thirsty. Low bowls and baskets are for short-stemmed flowers, only, and those which have a natural tendency to droop. It is adding insult to injury to cut the stems of the long-stemmed varieties in order to use low receptacles. Again, it must be remembered that the artistic effect is sacrificed when flowers are crowded. The Japanese are past masters in this line. Note their floral decorative work. Invariably one or two choice flowers will be the *motif*, never a mass. Still again, the vase, bowl, or whatever is used must be the foil for the flowers. For this reason neutral colors should be chosen.

The nurse should never allow flowers to remain over night in the sick room. Instead she should carry them to a cool, well-ventilated place. They must not, however, be exposed to a direct current of air or they will wither. To insure against any possible draughts, cover them with oiled paper which is impervious.

The foregoing suggestions may appear very trivial; but they are most surely worth while and will, if followed, bring rich returns in the way of pleasure to the patient, which the nurse must agree is a part of her duty and should be considered in the light of a privilege as well.

THE LOVE STORY OF FLORENCE NIGHTINGALE

By ELISABETH ROBINSON SCOVIL

Gagetown, New Brunswick

Those to whom every incident in the life of Florence Nightingale is of interest must often have wondered whether the idea of a home and children of her own did not appeal to her, or whether in her life of self-sacrifice there was no room for thought of love and marriage.

Her biographer says, "A man of affairs, who in the course of a long and varied life had come in contact with many of the acutest intellects and greatest administrators of the time, said of Miss Nightingale that hers was the clearest brain he had ever known in man or woman." How did this clear brain regard the question that, take it all in all, is the most important in a woman's life?

She was no recluse, she mixed with society and had every opportunity of meeting clever and agreeable people. It was said of her that she was attractive and attracted both men and women. Julia Ward Howe, who visited her in 1844, wrote that she was rather elegant than beautiful, tall and graceful of figure, her countenance mobile and expressive, her conversation most interesting.

Her friend, Mrs. Gaskell, the novelist, author of *Cranford*, described her as "tall, very straight and willowy in figure; thick, shortish, rich brown hair; very delicate complexion; grey eyes, which are generally pensive and drooping, but when they choose can be the merriest eyes I ever saw; perfect teeth, making her smile the sweetest I ever saw." Again, "She has a great deal of fun, and mimics most capitally." Surely a charming woman!

The maternal instinct was strong in her, as it is in most good nurses. It went out in almost passionate fulness to a young cousin, William Shore Smith, eleven years her junior. She called him her boy, and she was successively his nurse, playfellow and tutor. "The son of my heart," she called him. "When he is with me all that is mine is his, my head and hands and time."

In a letter to a friend, congratulating her upon her recent marriage, she says:

Should we not look on marriage less as an absolute blessing than as a remove into another and higher class of this great school room, a promotion, for it is a promotion, which creates new duties, before which the coward sometimes shrinks, and gives new lessons, of more advanced knowledge, with more advanced

powers to meet them, and a much clearer power of vision to read them? I think the day will come when it will surprise us as much to see people dressing up for a marriage, as it would to see them putting on a fine coat for the sacrament. Why should the sacrament, or oath, of marriage be less sacred than any other?

In her diary she wrote, in 1850: "I might have been a literary woman, or a married woman, or a Hospital Sister." Why did she not choose the second path? Her biographer says that Miss Nightingale's remaining single was not the result of a lack of opportunity to marry. She did not marry because she held fast to an ideal. One of her cousins was much attached to her and wished to marry her. She was in no sense in love with him and felt "relief intense and unmixed," as she recorded herself, when the young man had at last forgotten her. "Cleanse all my love from the desire of creating an interest in another's heart," is the burden of many of her meditations. A deeper and more searching test was to come.

A man came into her life who fell deeply in love with her; he proposed to her and continued for some years to press his suit. It was a proposal which seemed to those about her to promise every happiness. The match would have been deemed suitable by all, by many it might have been called brilliant. We are not told his name. Florence Nightingale herself was strongly drawn to her admirer; she admired his talents and the more she saw of him the greater pleasure she found in his society. She leaned more and more upon his sympathy. Yet when he first proposed to her she refused him and when he persisted she still rejected him. It may be said she can not have been in love with him. In one sense that is possibly quite true, for love, as the poets tell us, does not reason, and she reasoned deeply over her case. It is certain that she felt at least as much affection as suffices to make half the marriages in the world. No, she turned away from a path to which she was strongly drawn in order to pursue her ideal.

Years before, she had written to her cousin, Hilary Bonham Carter:

It strikes me that in all the most unworldly poetry (both prose and verse) *la passion qu'on appelle inclination* is treated in a very extraordinary way. When one finds a comparative stranger becoming all of a sudden more essential to one than one's family (via flattery in general of one sort or another) one is content with saying to oneself, "Oh! that's love," instead of saying, "How unjust and blind this feeling is." I wonder if people were to examine, for as Socrates says, the life unexamined is not a living life, they would not find that (whatever it may ripen to afterwards) this feeling at first is generally begun by vanity, or jealousy, or self love; and that what is very much to be guarded against, instead of being submitted to, is the stranger's admiration (and I suppose everybody has been susceptible at one time of their lives) having more effect upon one than one's own family.

When she turned from the man who loved her, and whom she loved or could have loved had she given her feelings free rein, she wrote in explanation:

I have an intellectual nature which requires satisfaction and that would find it in him. I have a passionate nature which requires satisfaction and that would find it in him. I have a moral, an active nature which requires satisfaction and that would not find it in his life. I can hardly find satisfaction for any of my natures. Sometimes I think that I will satisfy my passionate nature at all events, because that will at least secure me from the evil of dreaming. But would it? I could be satisfied to spend a life with him combining our different powers in some great object. I could not satisfy this nature by spending a life with him in making society and arranging domestic things. Voluntarily to put it out of my power ever to be able to seize the chance of forming for myself a true and rich life would seem to me like suicide.

Yet Florence Nightingale was no vestal ascetic. A true and perfect marriage was, she thought, the perfect state. "Marrying a man of good and high purpose and following out that purpose with him is the highest lot," she says.

She recognized also that for many women, marriage, even though it may fall short of this ideal state, is the proper lot in life. She held, on the other hand, that there are some women who may be destined for a single life. She wrote, in 1846:

I think Providence has as clearly marked out some to be single women, as He has others to be wives, and has organized them accordingly for their vocation. I think some have every reason for not marrying and that for these it is much better to educate the children who are already in the world, and can't be got out of it, than to bring more into it.

Her biographer says:

In her own case Miss Nightingale was conscious of capacities within her for high purposes for mankind and God. She could not feel sure that the marriage that was offered her would enable her to employ those capacities to their best and fullest powers. And so she sacrificed her "passional" nature to her moral ideal.

"I am thirty," she wrote in her diary, on her birthday in 1850, "the age at which Christ began his mission. Now no more childish things, no more vain things, no more love, no more marriage. Now, Lord, let me only think of Thy will."

In another note she says, "Strong passions, to teach the secrets of the human heart, and a strong will to hold them in subjection, these are the keys of the kingdom in this world and the next." She turned away from marriage that she might remain entirely free to fulfil her

vocation. It was not a sacrifice that cost her little. If, as some may think, she was not in love, yet she confessed to herself many of a lover's pangs. There were moments when, as she met her admirer again, or when she thought of him, she was half inclined to repent her choice of a single life. When she made this choice she had no assurance of appointed work, though she was conscious of a call. When she was called upon to choose between the two paths her present life was starvation. Happiness was given her later in her work, filling her life for some years so that she "sought no better heaven," but of this, at that time, she knew nothing.

Perhaps it was the price which she had paid for her ideal that led to what, in later years, some considered a certain hardness in her. When once a woman had devoted her life to the work of nursing, Miss Nightingale had little sympathy with any turning back. She seemed sometimes, in such cases, to regard marriage as the unpardonable sin. Yet there were many acts of individual kindness to nurses at such a time. When Isabel Hampton married Dr. Robb I believe the flowers she carried were the gift of Miss Nightingale.

In 1859, she wrote a strong letter to the newspapers in support of the Volunteer movement. A poor engineer was so impressed that he wrote to offer her "his hand and heart, which are free, only you are so much above me." "It is gratifying to observe," she writes to her uncle, "that this is not the first fruits, but the one-and-fortieth of my Volunteer letter; I could have as many husbands as Mahomet's mother."

Her ideal of friendship was very high and she had many warm and devoted friends. In a letter to Benjamin Jowett, the Master of Balliol College, Oxford, she says,

My idea of a friend is one who can join you in work the sole purpose of which is to serve God. And so extraordinarily blessed have I been that I have had three such friends. This is heaven; and that is what makes me say, I have had my heaven.

It is still true that he who loseth his life shall find it. Unselfish devotion to others may bring more happiness than the most diligent striving after personal gratification.

MRS. MURPHY

By ADDA ELDREDGE, R.N.

Chicago, Illinois

Mrs. Murphy was a scrub woman in the hospital, not just one of the scrub women, for Mrs. Murphy "lived in" and was, therefore, one of the "employees" and so attended the Christmas dance.

A dinner was given for the scrub women, to which they brought their families and sometimes, it is to be feared, the families of their neighbors, at least the children, for husbands had no part in this.

However, Mrs. Murphy had her part in the dinner too, for she with the officers, served the women, and some of her numerous grandchildren were at the table and received presents from the tree which followed. Mrs. Murphy's grandchildren were perennials, they were of all ages and suitable for all kinds of presents; strange too, no matter how many were provided for, Mrs. Murphy always had a tale of woe as to a forgotten Mary or Johnnie.

As for Mrs. Murphy, herself, I can see her now; about five feet four, a little stooped in the shoulders, the right a little higher than the left; a long chin; a big, thin-lipped mouth with a long upper lip, the whole drooping like her shoulder to the left; a face full of wrinkles, the deep uncleanly kind; pale blue watery eyes, that were a little shifty, and which, I am sorry to say did not belie her, for Mrs. Murphy sometimes took a drop too much, and had been known to take other things, that she "did not think you wanted." In her lower jaw was one tusk-like tooth; her upper teeth were false, and moved when she spoke.

The employees' party was a gala night for Mrs. Murphy, for at this she always danced the Irish Jig.

During the dance her face never changed. With a fixed look in her watery eyes, with mouth drooping a little more than usual, her teeth wabbling up and down, she danced, backward and forward, up and down; sometimes she had a partner, sometimes none, but that made no difference to Mrs. Murphy, she justified her presence by concentrated attention to that jig. When it was finished and the applause over, she seemed as little moved as a statue, unless the greater droop to her mouth and the way she shut those false teeth in, meant pride and satisfaction.

TRACING THE SOURCES AND LIMITING THE SPREAD OF INFANTILE PARALYSIS

THIRD PAPER

By CHARLOTTE TALLEY, R.N.

Montclair, New Jersey

We don't fear death, but only to die suffering. We are not terrorized lest our children contract poliomyelitis, since some cases are as harmless as the mildest chickenpox, but lest they contract the disease in a fatal or crippling form. Let us see if there are any mitigating circumstances which will lessen our horror of the after-effects of this dread disease.

It is of some consolation to know that improved methods in the after-treatment of infantile paralysis are saving a goodly number of cases from becoming paralyzed and from the necessity of actual surgery. During the recent epidemic there were 18,000 cases of infantile paralysis in New York State and four adjoining states. Of this number about two-thirds of the recovered cases were paralyzed to the extent of being incapacitated when the quarantine was lifted. It is hoped that with the present facilities for treatment, a large percentage of these cases will be greatly improved.

Formerly massage and electricity were the two means depended upon to assist in keeping up muscle tone until there was restoration of lost nerve function. Now electricity is no longer considered efficacious by the highest medical authorities, and massage, applied after pain and tenderness have disappeared, is given only under the direction of specialists, while reeducation of the muscles, or muscle training, is considered of great importance. The saving resource, however, has been found to lie in the support of every paralyzed muscle as soon as the paralysis occurs, so that they will not sag and when the nerves resume their function there will be no deformity to remedy. This reduces the number of cases requiring surgery in the sense of a cutting operation to a minimum. Such operations consist in a readjustment of muscle balance by transplanting, lengthening or shortening muscles and tendons.

In a New York Hospital there reclines or, rather, half sits in bed supported by his arms, a youth of seventeen, clear-eyed, smiling, with a courage born of a complete reconciliation to the unkindest of fates. This lad was stricken with infantile paralysis at nine months of age

and he has not walked nor sat upright since then. His back is twisted and crooked, his left hip slips in and out of its socket like a billiard ball in a pocket, and his left leg and foot have not grown beyond half the normal size, while his toes are cramped into knots. Five operations are to be performed on this boy and then, such are the marvels of modern surgery, he will walk, with his lower left limb in a brace. Aside from the years of inaction and suffering entailed by neglect of this case in infancy, there is also the economic loss to society to be considered by reason of the expense of the operation and maintenance during recuperation. Had there been support of the affected muscles and, later, massage and muscle training, this patient would have been restored as a child to the same degree of normality as he will reach after operation.

Many lateral curvatures of the spine are now being attributed to unrecognized cases of paralysis which occurred in infancy.

When post-polio cases are brought to the hospital for treatment, the roomy clinic at the New York Orthopaedic Hospital presents a scene of interesting activity. The building is in the form of an amphitheatre with the desk in the center and the white-curtained dispensary rooms in a circle, off of which are many ante-rooms provided with examination tables. Here from 1.30 until 6 o'clock on every afternoon in the week, during which time many disappointed mothers with children must be turned away for lack of space to accommodate them, case after case is examined with leisurely attention by the head surgeon who is a humanitarian as well as a surgeon.

He says "mother" this and "mother" that in the kindest manner unless some woman says she cannot give the time to bringing her child regularly to the clinic or that she hasn't time to remove the braces every three hours and give massage for ten or fifteen minutes, whereupon she has her duty to the young life for which she is responsible pointed out to her by an emphatic finger.

All degrees of paralysis are brought to the clinic for treatment (all parts of the body are subject to attack, but arms and legs are most frequently affected), from patients unable to walk or stand to others where only the practised eyes of the orthopaedist or the constant observation of a parent can discover any defect. Perhaps only a calf muscle may be paralyzed and the patient may be able to move in every way except to rise on his toes, or one foot may drag in walking almost imperceptibly, but most cases are more serious.

One tiny mite of a creature had a paralyzed back, arms, legs and abdominal muscles. She cried so pitifully on being examined that she appeared to be in pain, but when offered a yellow dahlia she smiled

through her tears as though a miniature sun had been created especially for her. She wasn't suffering physically, pain does not persist after the acute stage of poliomyelitis is past unless there is some complication, but she was frightened at having the doctor touch her, since she had been examined by one when she was in pain. Many children cry from a similar cause and when a mother says, "Now don't cry, the doctor won't hurt you," it makes matters worse because even the suggestion is upsetting. Temperaments and dispositions reveal themselves early and in no place more clearly than at the clinic. Fortunately the mind, disposition and general health of children are not permanently influenced by infantile paralysis. Many who recover are in perfect physical condition aside from a withered limb or other deformity. In the hospital wards such children lead practically normal lives. A teacher is engaged for them and they attend school daily. In this way they are being advanced so as to lose nothing in the way of schooling. They move about and play as much as their particular handicap will allow. A well equipped gymnasium furnishes means for exercises especially adapted to improve any particular defect. On each floor of the hospital there is a solarium and exercise porch and on top of the building the patients enjoy an Italian roof garden partly covered so as to be of use during summer rains. The New York Orthopaedic Hospital is a model in every respect for its purpose. The wards are 10 unit, admitting light and air from three sides.

The after-treatment of infantile paralysis at this hospital is given by specialists, massage by massagists and muscle reeducation by pupils from the physical training school at Columbia who obtain their clinical experience under the direction of a graduate of a physical training school.

Reeducation of muscles consists in their exercise by an operator while the patient is taught to concentrate on a particular movement required until he gradually becomes able to perform it himself. Excellent results are obtained in many cases, but in others none at all. This is due to the fact that the paralysis is caused by different conditions in different cases, and just which condition exists is not known except by results. That is why complete recovery cannot be prognosticated in any given case.

In one condition, the function of the nerve cell is interfered with by pressure of the edema in and around the cord. As the acute stage subsides and the edema is absorbed, function is resumed, so that within a few weeks certain muscles may be as good as ever.

A second condition exists when a large number of nerve cells have their vitality much lowered by small punctated hemorrhages in the

cord which press upon them. The hemorrhage is finally absorbed and more or less normal cell function is restored by nature. Power may be recovered gradually and improvement may continue for two or three years.

A third condition is due to complete destruction of a nerve cell in the anterior horn because of the cutting off of its blood supply by the pressure on the vessels of the surrounding collar of leucocytes. That cell is dead and no power ever comes back to it.

Good results are obtained in treating the first two conditions described but rest is also a very important consideration not only in the acute stage of the disease but during after-treatment. That is why this must be administered so carefully.

It is comforting to learn that so much can be done for the victims of poliomyelitis, but the fact still remains that an alarming number of children have been blighted like frost-bitten flowers and that others may be. Who is to save them in the future?

The nursing in these cases is important, the treatment is also important, and the watchful care of parents is essential, but it is the physicians and surgeons alone who can help supremely, the men who at a sacrifice of self are devoting themselves to a study of the disease, to its cause, nature, and remedy, those who diagnose it and treat it and who perform its intricate operations.

While investigations so far seem rather barren of results, at least Dr. Rosenau has discovered the germ and we may expect more enlightenment as a result. So let us honor these men as the future saviors of many youthful lives.

NOTE.—The writer is indebted to Benjamin P. Farrell, M.D., of the New York Orthopaedic Hospital for facts contained in this article.

A MESSAGE OF HOPE

Cancer is a curable disease and probably 60 per cent of the 80,000 yearly deaths are unnecessary and preventable. It is a popular misconception to say that we know nothing about the cause of cancer. Much is now known about the conditions, such as habits of life, predisposing factors and the various forms of chronic irritation, under which the disease arises. If this knowledge were more widely disseminated and utilized the mortality from cancer would undoubtedly be reduced.—*American Society for the Control of Cancer.*

DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

Collaborators: LILLIAN S. CLAYTON AND ANNA C. JAMMÉ

The collaborators in this department will be glad to receive short items of interest relating to the field of training-school work. States east of the Mississippi should send their contributions to S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, and those west of that section to Anna C. Jammé, Board of Health, Sacramento, California.

PROGRAMS FOR NURSES' MEETINGS

(Continued from November Journal)

When we consider the number of nursing organizations holding yearly, monthly and even weekly meetings in every state and city and county in this country, we begin to realize the immense opportunity for educational work which such meetings present. To attract busy professional women to organization meetings, it is necessary to provide something which is not only interesting and attractive, but which appeals to them as practical and profitable. This is the business of the program committee, and it requires the most thoughtful, original and enterprising people the society affords to organize this work and put it through effectively.

A few general principles may be suggested for the program committee's work. In the first place it is absolutely necessary that there should be a carefully thought-out plan for the season's series of meetings, or in the case of a convention, for the sessions as a whole, otherwise the topics are likely to be all jumbled together, leaving only a confused and fleeting impression instead of giving a clear-cut picture of some definite phase of nursing work with a choice of well-defined policies to be carried out.

Where the program committee is changed each year, it is very difficult to avoid a repetition of some of the same old topics year after year, while a great many very important and vital questions are overlooked. This difficulty might be lessened by submitting copies of the former season's programs to the incoming committee and making a definite effort to introduce new topics or at least to handle the old ones from a new point of view. If the members of the organization can be induced to contribute suggestions for topics which they would like to have discussed, it simplifies the work of the committee greatly, but such sug-

gestions are usually rather hard to get. A letter to each member asking for definite problems which concern her most closely might bring a better response. An enterprising committee will of course canvass the field for topics of immediate current interest. A topic like Prison Reform, even though not directly concerned with every-day nursing affairs, starts people thinking along new lines and often stirs up profitable discussion.

The form which the meetings take also requires some thought. Lectures and papers become wearisome if continued as a steady method, so that the committee will usually find it wise to provide for some variation in the form of practical demonstrations, exhibits, debates, question-boxes, stump speeches, and social entertainments of various kinds. Often sister or neighbor organizations can be invited to meet together and a rather special effort made to promote general good-feeling and coöperation through some of the many devices for "mixing-up" which are popular in church and college gatherings. A rather new departure was introduced recently by the New York City League of Nursing Education, when a special meeting was arranged to which pupil nurses from the various schools in the city were invited. It gave the pupils an opportunity to meet and hear representative women in the profession and to get a glimpse of some of the bigger problems in which their interest and coöperation are needed.

The tendency to depend entirely on clergymen and doctors and other weighty and influential people as speakers at nurses' meetings, is fortunately passing. We have discovered that nurses are entirely capable, not only of conducting their meetings with dignity and dispatch, but of preparing speeches and writing papers which are at least as interesting and valuable as those usually presented by outsiders. Furthermore, it is highly desirable that our own members should have all the training we can give them along these lines. Alumnae associations should train their members for city and state work, and state organizations should contribute trained speakers for the national organizations. Inbreeding is fatal to the life of any organization, we must be constantly bringing in new blood or we degenerate. Every effort should be made to draw out the more backward members and give every one a chance to take some part, however small, in the proceedings. Short papers of three to five minutes on different phases of a general question are helpful as a start for beginners, and the old-fashioned debate with four or five on each side, provides very profitable entertainment as well as good practice in speaking. Many other devices will suggest themselves. The main thing is to keep this idea of training our members, firmly in mind as one of the primary purposes of a nurses' organization.

But inspiration as well as education is needed if we are to have a thriving organization. We need to get the point of view of outsiders,—the doctor, the clergyman, the teacher, the lawyer, the social worker, the architect, and all the other people whose work touches ours, even remotely. We need to meet and feel the influence of powerful personalities, both men and women. They broaden our views, they bring fresh ideas, they often contribute wholesome criticism and shake us out of our self-complacency.

It is not usually difficult to secure excellent speakers for nurses' meetings, if the matter is approached in the right way and if plenty of time is left for arrangements. It is always worth while to try for the best, at least, and then if necessary take second best. Experience has shown that it is unwise to invite a speaker whose standing on certain fundamental principles of nursing work is unknown or whose views are extreme or likely to cause ill-feeling. Usually it is necessary to provide prospective speakers with rather detailed directions as to topic, time, place, etc., and to accompany this with some literature or information on the work of the organization which they are to address. If copies of the paper are needed for publication, a duplicate type-written copy should be asked for. If it seems advisable to arrange for advanced publicity, in the case of convention meetings, a third copy will be necessary or a summary of the main points in the address, which is more satisfactory on the whole. This should be sent to the secretary or publicity committee some time in advance of the meeting.

It is of course desirable that there should be enough good material provided to fill the time profitably, but the principal danger seems to be that of over-crowding the program. The effort to get everything in, puts a strain on chairman, speakers and audience, and no one gets full benefit from the proceedings. Speakers should be told in advance just how much time they will be expected to take, and though exceptions should be made in favor of especially important people who have a big subject to discuss, it is well on the whole to limit most speakers to a half an hour, or at most, three-quarters of an hour. Papers should be shorter than speeches, as they are harder to follow. It is almost impossible to hold the interest and attention of any audience longer than two hours at a stretch, and for tired women a good snappy meeting of an hour and a half is infinitely more effective than long ambling programs which trespass on meal times and keep people up late at night.

A great deal of attention should be paid to the form and arrangement of the program. For printed programs, it is wise to keep on hand a collection of old programs of various kinds which can be used for

suggestions as to color, shape, size, type, etc. Multigraphed or mimeographed cards or sheets can usually be gotten out at small expense, and if they are sent out to members a week or two before each meeting, they usually receive more attention than the year's program of topics distributed in the beginning of the season. In arranging about the printing of programs, it is usually a mistake to include advertising, even if it reduces the cost considerably. Dignity and simplicity are important considerations; clearness, accuracy and convenience of reference, are essential. Some originality and a knowledge of publicity methods are needed in phrasing the topics as so to arrest attention and to suggest interesting possibilities, without resorting to cheap or sensational devices. Putting the topic in the form of a direct question or a specific problem to be solved, is a favorite method. Sometimes a number of short, concise statements are thrown down to indicate the line of the speaker's argument and serve as pivots for discussion. If these are distributed before the meeting, people come better prepared to support or oppose the positions taken and a much livelier meeting is usually secured.

Some of the papers and reports given at the annual national meetings might very well serve as a basis for discussion in the local organizations during the succeeding year. Plans and recommendations could be threshed out and criticised, new points of view brought out and additional data collected. The resulting reports sent back to the next convention from all parts of the country would be invaluable in checking up new policies and suggesting lines of fruitful effort. There would be a great advantage, too, in the fact that in all sections of the country nurses would be concentrating on the same definite problems at the same time, instead of dabbling a little in a great many things. This plan has been recommended and followed to some extent by the local and state branches of the League of Nursing Education, the printed report of the spring and summer meeting serving as a suggestion for the following winter's activities in the branches.

In the same way a new book on some professional subject or very suggestive article in a current magazine may be assigned for general reading by the members, and special topics selected for debate and discussion. Anything which makes the members think and which teaches them to express themselves clearly and forcibly, is to be preferred to the endless routine of papers and lectures which we fall back upon so easily.

The list of topics printed in the November JOURNAL could be lengthened indefinitely and each one could be presented from many points of view. It is suggested that a card catalogue of available topics, with

notes as to speakers, etc., should be kept by the secretary of local and state leagues of nursing education and other organizations, for ready reference. This could be supplemented from time to time by suggestions from members and might prove a mine of ready information for new program committees.

ITEMS

An interesting development in training school work, showing in practice the articulation of the high school with the training school, is now taking place in San Diego, California. St. Joseph's Hospital is sending its students to the high school for their instruction in domestic science, chemistry and physiology. The class consisting of thirty-eight students has been divided into two sections of nineteen each. The high school has provided special instructors for these classes, no other students being admitted. The instructor in cooking is a graduate of Drexel Institute, Philadelphia. The students find well-appointed class rooms, class material and all that is necessary to aid in making the instruction a success. The classes are held in the evening from seven to eight; students must report promptly on time and the class terminates also promptly on time. Credits received for this work are entered into the training school record.

It is not unusual in California to find some of the studies taken up in the high school, but no school has, as yet, entered into such an arrangement so extensively. The question may be asked, How can the school afford to provide special instruction, class rooms, material, etc? The answer is, The funds which the high school receives from the state are dependent on the daily attendance, therefore the larger the attendance, the more funds the school has at its disposal. It can thus afford to appoint special instructors and in fact encourages the formation of classes of nurses and seeks to meet the requirements of the school.

The members of the Pittsburgh League of Nursing Education have arranged for a series of lectures on Pedagogy, to be given by Dr. George Ellis Jones, Assistant Professor of Education, University of Pittsburgh.

NARRATIVES FROM THE WAR

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

Dr. Evelyn Windsor of Montreal has received an appointment with the Canadian Army Medical Corps at the front and will be attached to the medical staff at the base. She is the first woman either in the Canadian forces or those of the Imperial Army to be appointed to such a post.

A woman has been commissioned by the government of Wurtemberg as second in command of a small gunboat on Lake Constance which is employed on guard duty at Friedrichshafen, where the Zeppelin works are situated. She has the rank and uniform of a lieutenant.

Wounds involving a large surface are dressed with a thin layer of perforated celluloid, rendered soft and pliable by being soaked in a 20 per cent solution of carbolic acid. Lint soaked in a weak saline solution is laid over this and both kept in place by a bandage. Sir Almoth Wright is credited with having devised the dressing.

Orville Wright, who with his late brother Wilbur invented the aeroplane, has presented his patents to the British government. The fourteen year monopoly expires next March; he has decided not to apply for an extension, thus practically presenting his life work as a gift to the British nation.

War shrines are being placed in the streets of London containing the names of soldiers and sailors who have gone to the front from the immediate neighborhood. Flowers are placed on these shrines and frequently renewed. Queen Mary has visited several shrines in the east end of London and brought an offering of flowers.

Bombs to be dropped from a Zeppelin are suspended below the girders of the airship by a number of lever hooks electrically operated and linked with a switchboard with twenty-five small black handled keys. These are pressed when it is desired to release a bomb.

An Australian lady entertained 10,000 wounded soldiers on the Cavalry Drill Ground at Windsor, on October 14. The hostess, Mrs. Rita Dennistoun, wished to commemorate the departure of the first troops from Australia, on October 21, 1914. The guests came from all parts of the empire.

Esther Cleveland has taken up work among the blind soldiers in Paris. She is following the footsteps of her father, the late president

of the United States, who was deeply interested in institutions for the blind and had prepared himself to assist in their instruction.

It is said that a new bullet capable of piercing armor as thick as that which covers the famous British "tanks" has been tested by the Ordnance Corps of the United States Army. A casing of lead around the steel centre acts as a lubricant and enables the bullet to penetrate steel plates from which the ordinary bullet rebounds harmlessly.

Two French airmen have dropped bombs on Essen, the seat of the great Krupp munition works. The damage inflicted is unknown, but it proves that such attacks can be carried out successfully.

A tunnel under the English Channel, connecting France and England, which has long been advocated, is a possibility of the near future. The cost of two days of the war would furnish the necessary funds. It might prove of the utmost importance in any future war to have a route to the Continent secure from the attacks of submarines.

It is stated in the British *Vorwärts* that the average weight of Germans has decreased by from twelve to sixteen pounds as a consequence of the scarcity of food in Germany.

In order to commemorate the self-sacrifice of German housewives in laying their brass and copper ware on the altar of the Fatherland, an interesting memorial has been designed by Karl Stock, a sculptor of Frankfort, in the form of a gigantic frying-pan. Replicas have been made which may be purchased as souvenirs from the committee for the Traffic in War Frying-Pans, which has been formed under the direction of the Princess Friedrich Karl of Hesse.

The British War Office has installed a card index system in its new quarters at the National Liberal Club, London, which provides for 7,500,000 men in the army and navy, each containing details as to the man's civilian occupation.

M. Justin Godart, the director of the French Medical Service, found among the German prisoners seven men who understood the art of making clinical thermometers. These are teaching the process to disabled French soldiers and thus relieving the shortage of thermometers. The supply of 540,000 in hand at the beginning of the war had been exhausted. The German workmen came from Saxony and each of the seven knew a different method of manufacture.

EVENTS OF THE DAY

IN CHARGE OF

GARNET ISABEL PELTON

THE WAR. Poland, the most devastated territory of the war, once one of the largest kingdoms of Europe, which Russia, Prussia, and Austria partitioned among themselves (in 1795) was proclaimed an autonomous monarchy with a constitutional government, early in November, by a manifesto of the German and Austrian emperors. They referred merely to that portion of it conquered from Russia, leaving the boundaries of the future kingdom and the time of its restoration to be settled later; meanwhile they call Polish patriots to their aid.

The European battle-fronts have not greatly changed. The Anglo-French offensive on the Somme has progressed slowly but steadily. At Verdun, where the greatest battle of history has been waged continuously since February 21, the French have reconquered much of the ground taken by the Germans. Italy and Russia have been pounding at Austria on their respective boundaries. The chief interest lies on the Macedonian front and centres in Roumania and Greece. "Roumania seems to have entered the war at the right time, but the wrong place." She rushed madly to conquer Austrian territory (Transylvania) peopled by Roumanians, leaving her boundary towards Bulgaria and the Black Sea practically unprotected. The Central Powers poured in at that point. Hammered on two sides, Roumania lost almost one-fourth of her army in six weeks. In Greece, the Allies, to insure the safety of their ships in Greek waters, have taken over the Greek navy.

THE HIGH COST OF LIVING. In Europe, fifteen million men or more have been taken from productive labor and put to the task of destroying the world's wealth at the rate of over a hundred million dollars' worth a day. By next August they will have destroyed the value of seventy-five billion dollars, eight times all the gold and silver money in the world. As a result, prices have soared in all countries. British food prices are up 50 per cent, German 100 per cent, Austrian 500 per cent. Of all neutral countries, the United States, where prices have increased only a little over 12 per cent, has suffered least. Here prices are influenced by a combination of natural, exceptional, and somewhat contradictory conditions. The price of flour has gone up

50 per cent because the wheat crop of the world is a poor one this year. Ours is barely enough for our own consumption yet Europe is demanding it, and speculators are raising the prices. Coal, though plentiful, is up because the laborers and freight cars are scarce, due respectively to the war shutting off immigration and to our transportation of tremendous exports for the warring countries. Meat is high because our production of meat animals has not kept pace with the increase of population and we are sending meat also to Europe. Many imports we have heretofore depended on from the belligerent countries, such as drugs and dyes from Germany, are held back by embargo or blockade. But chiefly "we are suffering from too much prosperity." In return for the enormous supplies we are sending to belligerents and other countries, formerly depending on them, gold is flowing into the country at the rate of a million dollars a day. We already have one-third of the world's gold. Amazing fortunes are being made; speculation is rampant. When money is plentiful people have more of it to spend. It is a natural law of political economy that prices must rise when money is plentiful.

THE ELECTION. At this writing, November 11, after one of the closest, most uncertain, and longest presidential contests the country has ever known, President Wilson without doubt has won with a majority of ten electoral votes. The returns, however, are not all in, or all official. Without doubt also, he has the largest popular vote. (It is possible for a president to be elected by a minority of popular votes. This has happened twice.)

Election Day, Tuesday, November 7, was further memorable. Sixteen million citizens, of whom over a fifth were women, voted for the next president and vice president of the United States, for the next House of Representatives (which does not meet until December, 1917, the last session of the present, the Sixty-fourth, Congress, meeting this December), for one-third of the next Senate, and for different state, county, and municipal officers. Three candidates for the House of Representatives were women, of whom one, Jeannette Rankin of Montana, is elected and will be the first woman member of Congress. Three women were chosen electors. Six states and Alaska declared for prohibition, making a total of twenty-five prohibition states. Two states, South Dakota and West Virginia, voted on suffrage. At this writing the result is not known. For the first time in history every party had a suffrage plank on its platform.

The next Congress will have a Democratic Senate but with a smaller majority than the present one. Democrats and Republicans in the House will be almost equally divided so that the five independent members will hold the balance of power.

NURSING IN MISSION STATIONS

EXAMINATIONS

The examinations given by the Nurses' Association of China to students from registered schools were held the last week in May. This is the second time the examinations have been given and there was a vast improvement over the previous year. The board of examiners consists of two physicians appointed for a term of two years by the Medical Association of China, and two nurses appointed for the same length of time by the Nurses' Association. Twelve nurses registered, four withdrew just before the examinations. Eight took the examinations: two from Hunan, Yale Men's Hospital, Changsha; three from St. James' Woman's Hospital, Anking; two from the men's department of the same school, and one from the Magaw Memorial Hospital, Foochow. Seven nurses successfully passed, and three obtained honor. The Nurses' Association of China has every reason to feel encouraged.

MARY REED OGDEN, R.N.,

Examining Secretary.

CHRISTMAS AT WUSIH, CHINA

The third annual report of St. Andrew's Hospital includes a description by Annie Brown, R.N., of the nurse's work at that station:

The care of patients and general hospital routine is much improved, but our men are only attendants, not nurses.

In the women's ward I have been able to have a trained nurse in charge. Miss Yui, who has been with us ever since the hospital opened, left early in May to be married. Our new nurse comes from a mission hospital in Soochow. She is a recent graduate and received her training under the new and up-to-date nursing regulations. . . . The work among women patients has been most encouraging. There has been an increase in obstetrical work during the past year, and we are pleased to note that more of our Christian women are coming to us. We gladly welcome them, for as "a little leaven leavens the whole lump," so a few Christian patients scattered through the ward, help in our work among the heathen strangers. They come on a venture of faith, and imagine the comfort they find in having a "next-bed" neighbor who can tell them a little about the "queer foreigners" in charge! And when we come with our work of healing they are more willing to take our treatment and to listen to the doctrine we preach.

At Christmas time we were able, through the generosity and kindness of the Junior Auxiliary, of Charlottesville, Va., to give our patients the delightful pleasure of a real Christmas-tree. The tree was transplanted in a large box from our lawn to the hospital ward. It was a wonderful sight (reaching clear

to the ceiling) when trimmed in the beautiful ornaments from America. The charming little candy boxes of all shapes and colors were a delight to young and old. We had to have several parties in order that everybody might enjoy the tree but I think the most delightful gathering was that of the women and children on Christmas eve. We had sent out proper red invitations to all babies born in the hospital during the past year, and out of a total of fifteen, eight babies were brought by their mothers to the party. More would have come had they not lived too far away to come and return in one day. The mothers arrived early and entertained themselves and each other by comparing infants. The friendliness of them all was a pleasure to see. The little children from our Mission Day School came to sing Christmas carols and one of our Bible-women told the Christmas story, after which the tree was lighted and the boxes of candy and small gifts were distributed to the children. The mothers were treated to tea and sugared peanuts and watermelon seeds, the usual refreshments for a Chinese party. Immediately after the party two of our infants were taken to the Church for baptism.

ITEM

The Annual Conference of the Nurses' Association of China was held in Shanghai, August 30-September 4, at the China Inland Mission Hall. After an inspiring devotional service led by Dr. Beebe, Mrs. Fryer extended a hearty welcome. She called the attention of the guests to the many places of interest in Shanghai and to the plans which had been made for visits to many of the hospitals, the Commercial Press, the Institution for the Blind, etc. A reception was given to the delegates at Jessfield. On Friday evening, at the United Meeting with the Shanghai Medical Association, papers were read on "The Nurses' Position in the Hospitals of China" and "Coöperation in Hospital Planning," which were followed by very helpful discussions. That the Nurses' Association of China is active in raising nursing standards there is shown in the passage of an important measure which requires that a nurse before graduating from a hospital registered under the Nurses' Association of China must pass the Association examination in order to receive her hospital diploma. This will mean better educated and more efficient nurses for China. The Association has at present a membership of 132 active members and 13 associate members. This number includes the Chinese nurses who are rapidly coming to the front from the hospitals all over China and are taking their places in the various hospital positions open to them.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK, R.N.

A LETTER FROM HOLLAND

By JEANNE C. VAN LANSCHOT HUBRECHT

[In every foreign country, as at home, there is a small group of women who stand out as leaders, pioneers, and burden bearers in the advance toward a higher civilisation—Miss Hubrecht belongs to this group in Holland. Not only as a nurse has she been foremost in progressive movements, but in social questions also. A considerable part of the Chapter on Holland in the 4th volume of *A History of Nursing* was contributed by Miss Hubrecht, and shows what she strove for as president of the National Association of Nurses in Holland.—THE EDITOR.]

You want to know all about what we have been doing during this war, not only in *Nosokomos*, but also for women's suffrage.

Let me first of all tell you how thankful we are to be still out of the horrible drama that encompasses nearly the whole of Europe, and that throws its shadow over our lives as well. We hope Roumania will be the last country to be engulfed in the whirlpool, but as long as peace is not made, the great anxiety, that our boys and men may also be obliged to go to war and be butchered, remains.

Although everybody prays war may be averted, we are, as in other neutral countries living in a continual state of preparedness for every eventuality. Since August, 1914, the movement for a still greater and stronger army and fleet has been going on, and seems to be increasing with every month among men in general, but more especially among the politicians and newspaper men.

Women kept out of the movement until the spring of 1916. Then the National Women's Council resolved to make an appeal to the women, urging them to organize with the view of taking up men's work, even to the making of ammunition, if such were necessary.

This proceeding of the National Council has encountered much opposition among women; many are of the opinion that in this way a declaration of war is made more easy; that by showing their willingness to learn different trades and professions, in order to be ready eventually to do men's work, a larger number of men will be available for military service.

We have, of course, a great admiration for the women in the belligerent countries, who so bravely have kept the economical machinery going, in these times, by taking upon their shoulders the additional burden of the men's work. But in that case circumstances forced them, they were in the middle of the work before they realized the consequences of their acts.

What the Women's Council did is quite another thing. To me it seems a most dangerous and even criminal experiment. For more than two years we have been witnesses of all the horrors of this war, we have heard about the great cruelty and non-civilization of these times, we hear about millions of men killed, or maimed for life, and we should do everything to make war impossible. We ought to show another kind of courage, of love for our country. We should have the great moral force to refuse every kind of work that would promote war. It would be a deed of sublime courage for it would mean sitting still in a time when men would expect us to show our love for them and our country by doing their work. It would ask the same moral courage as Liebknecht has shown; his has been a deed more heroic than any act in this war.

I know many women are of the same opinion, that a general refusal to take part in a movement for preparedness would be the best way of averting war. Even nurses should strike, or nurse the soldiers only on condition that every man who regained his health should be allowed to go back to his work, and not to the front. To nurse a man back to health and then send him once again to the battlefield, is something monstrous. The nurses should say, "These men belong to us and we want them to return to their useful peace-work."

He who is opposed to war must also be opposed to every measure that promotes war, and an efficient nursing service certainly does, when under military control. Some will consider me a dreamer, an idealist, but I am not the only one in whom such ideas have ripened in these times. I know many women who are of the same mind. An article in *Nosokomos* from one of my friends on this subject, has met with much sympathy.

But I must not enlarge too much on this topic.

You want to know if the war will promote the interests of the nursing profession. Yes, and no. As everywhere, as soon as war broke out, untrained women offered their services to the Red Cross Society, received some kind of superficial training of a few weeks, and often a certificate. They are a danger to the profession and will remain so as long as nursing is a free profession. Of course the Red Cross Society, again as everywhere else, was quite willing to accept their

services on the plea that these women worked without salary and therefore were more devoted to their tasks. But already in the winter of 1915 it became evident that the organization of the Red Cross Society was very insufficient, that the nursing conditions in the military hospitals were worse. This opened people's eyes and made them realize the worth of fully trained nurses. A kind of reorganization of the Red Cross is planned, but will it be effective? I have my doubts because on that committee only men are sitting. *Nosokomos* has sent in a petition to the minister of war asking for a better organized military nursing service and adding a scheme for the organization.

As to the chance of obtaining state registration, we feel a little more hopeful. The Central Board of Health last spring instituted a committee whose task is to make a project for nurses' training. As the Central Board of Health is an official body, we consider the fact that such a committee is instituted an official recognition of our claim to state registration. But here again are only men (physicians) on the committee. I hope some good will come from it; the want of protection from the state for our profession is felt more deeply every day.

I am giving now all my time to suffrage work. War seems to have been a good propagandist for the women's cause. Everywhere the women's splendid services are appreciated, and in many instances the men acknowledge that their government has been a failure, that the many new social problems which will have to be faced after war, want women's help to be solved in a satisfactory way.

We are now working very hard in the hope of getting suffrage next summer. A bill for the revision of the constitution is before Parliament. We want the article proposing to give full suffrage to men to be so amended that it will read suffrage for every man and woman.

On June 18, our campaign was started with a procession of women and men in Amsterdam. Nearly 18,000 persons took part in it, which for our small country is a very large number. It was a splendid affair. Thousands and thousands of persons were in the streets and gave evidence of their great sympathy for our cause. If ever anything will convince the government that it is the people's will that women shall get the vote, this procession must have done it. During the summer we held many well attended open-air meetings, and on September 19, the day of the opening of Parliament, we overflowed The Hague with our colors. Groups of women with white and yellow bows were standing all along the way the royal procession was to pass to reach the house of Parliament, and gave out different pamphlets. In the evening of that same day we had a splendid meeting in one of the big halls, and the next day the women suffrage picket service was started. That

means that every day Parliament sits and so long as the sitting lasts, at least twenty women with our suffrage colors stand at the entrance of the building silently but patiently reminding the members of Parliament that we ask for our rights. This service will be continued till the revision of the constitution is made. It has made a great impression on the whole country; the anti-members of course do not like it at all; they often go out by a back door not to see us, whereas our friends encourage us to continue. This service is really such a great propaganda, everybody comes to look at us, all the papers have written about it, the caricaturists making cartoons.

On October 18, we will again have a procession in The Hague. As to our chance of obtaining suffrage this time? I do not feel very hopeful. The decision depends mainly on the Roman Catholic party. The Socialist and Democratic parties have pledged themselves to full woman suffrage. The Liberal party will in the end do the same, though not very graciously. The Calvinists are opposed, so the Roman Catholics have the power to make the balance turn to our side or not. In principle they are no longer opposed to women suffrage, but there is a long way between not being opposed, and granting. Besides their women are not organized in a Roman Catholic women suffrage society and do not bring any pressure to bear upon their members.

So, after all, we are also in the midst of an earnest fight, but for a nobler cause. I hope soon to be able to tell you the victory is won.

DANGERS OF TRACHOMA

Fearing a nation-wide spread of trachoma, the dreaded eye disease, the United States Public Health Service, is contemplating the examination of all school children in the United States, particularly those in seaport cities. At present the contagion seems principally confined to the mountainous sections of Kentucky, West Virginia, Tennessee, Virginia, North Carolina, and South Carolina, and the service is devoting particular attention to the mountain children of these states. Great care on the part of immigration officials at New York is exercised in admitting to this country any one suffering from this disease.—*From the News Letter of the National Committee for the Prevention of Blindness.*

DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

EDNA L. FOLEY, R.N.

*Collaborators: BESSIE B. RANDALL, R.N., Omaha, Nebraska. and
ELIZABETH GREGG, R.N., New York City*

The long-expected book on *Public Health Nursing* by Mary S. Gardner, superintendent of the Providence, Rhode Island, District Nursing Association, will be ready early in December. It takes up every phase of public health nursing as well as its history and development and has chapters on organization and management.

WISCONSIN. The Attic Angels Visiting Nurse Association of Madison has just completed a most successful year. Through the efforts of the present visiting nurse, Mary D. Saxton, (Illinois Training School) who took up the work in 1913, an all the year round baby clinic is being maintained; and two school nurses are now employed by the Board of Education. When Miss Saxton first went to Madison, school nursing was not considered necessary, but the association gave her time very gladly to one public school, where by inspection of the children and home instruction and demonstration to their mothers, Miss Saxton helped to demonstrate the need of more systematic and thorough school nursing work. The present system of medical inspection in the public schools of Madison, and the coöperation between the medical inspector and other social agencies is unusually good, and excellent results have been achieved. A very good dental clinic has been opened by the Board of Education, the equipment having been given by the Associated Charities; this has been so successful that the medical inspector hopes to extend it to other schools. The first social settlement in Madison has just been opened in the foreign quarter. A baby clinic is held there and the work is growing steadily. The Visiting Nurse Association is now in its eighth year. It grew out of the efforts of some high school girls to help their less fortunate neighbors by means of friendly visiting and necessary relief; and the name came from these habits of wandering through the attics of their friends for clothing, furniture and picture books which they later distributed in their families. This old system of miscellaneous relief is now no longer necessary, for the excellent coöperation which the nurse receives from the Associated Charities, the truant officer, the Juvenile Court, and others, shows how well entrenched the efforts of these

young girls have become in the minds of the Madison public. Madison is the state capital of Wisconsin and the home of the large state university, but like all other growing towns, it has its public health problems and needs its visiting nurse. The growth of the work has shown what one nurse working alone can do, not merely for individual patients, but to further good public health for the entire community.

ILLINOIS. Jessie V. Thompson, a graduate of the Battle Creek Sanatorium, Mich., has been appointed social welfare nurse in the city of Danville. She will work with the health officer, but in affiliation with the local women's clubs.

INDUSTRIAL NURSING

WELFARE WORK AND NURSING SERVICE OF THE METROPOLITAN LIFE INSURANCE COMPANY

By ALICE H. McCORMAC, R.N.

Realizing that there can be no more important basis for industrial hygiene than the health and happiness of the industrial population, the Metropolitan Life Insurance Company has inaugurated a welfare department, whose prophylactic activities are unique in American insurance institutions. The campaign of this department concerns itself with employees and industrial policyholders and is broad, humanitarian and altruistic. With particular respect to workingmen, the experiment has proven that it is possible to educate millions of workmen, women and children in the principles of industrial and domestic hygiene. Coming as they do in frequent contact with the holders of its policies, the welfare department desires its field forces to become active health educational factors in their respective districts, and gives systematic instruction to this accomplishment.

Hoping to promote the campaign for social hygiene and realizing the need of suitable instruction on this subject, the Metropolitan approached the American Social Hygiene Association suggesting that this society offer a prize on behalf of the company for the best original competitive pamphlet on social hygiene for adolescents between the ages of 12 and 16 years, approved by a committee of judges selected by the association. Five hundred manuscripts were submitted and the \$1000 prize winning article was written by Dr. and Mrs. Donald B. Armstrong. Dr. Armstrong is director, Department of Social Welfare Association for Improving the Condition of the Poor, New York City.

Another important work is an attempt to educate school children in hygiene through the Metropolitan Health and Happiness League, which has a membership of over 100,000 young policyholders. The purposes of the league are indicated in the pledge and effort made by the child relative to the preservation of his own bodily health, the destruction of the house-fly, proper disposal of rubbish, avoidance of expectorating in public places, refraining from rude or offensive language, and the application of the Golden Rule.

One is not surprised, knowing of the company's annual contribution of \$2500 to the State Institute for the Study of Malignant Diseases for special research work in cancer, to learn that it will spend the sum of \$100,000 in three years, together with the National Society for the Study and Prevention of Tuberculosis, in an experiment to eradicate tuberculosis in an industrial town of from 5000 to 10,000 population in either New York or Massachusetts.

When the prevalence of unemployment in New York City in the winter of 1915 prompted Mayor Mitchell to appoint a special committee on unemployment to ascertain facts and suggest remedies, and this committee found it lacked both the necessary data and machinery, the vice president offered the mayor's committee the services gratis of the local agency staff. Within a period of two weeks, 156,000 families were interviewed, and their conditions tabulated. Simultaneously, United States Commissioner of Labor Statistics, Dr. Royal Meeker, made an independent survey through government officials, and found the results so identical that the Commissioner requested the company to make similar surveys in other cities. This unique piece of machinery, the agency staff, repeated this experiment in 44 cities, a task, the like and size of which, has never been previously undertaken in the United States. Reports of some of these surveys may be found in the reports of the United States Bureau of Labor Statistics or in the special study of Philadelphia, published at the request of Mayor Blankenburg.

The unemployment surveys developed the interesting fact that 11 per cent of unemployment was due to illness or accident disability. Naturally then a sickness survey followed. This was made among the Metropolitan policyholders in Rochester, N. Y. and Trenton, N. J., and has since been published in the United States Bureau of Public Health Service. Broadly speaking, over 2½ per cent of the working population of Rochester canvassed, were sick and unable to work at the time of the survey.

A significant piece of corporate welfare work was the erection of a tuberculosis sanatorium at Mt. McGregor, N. Y., for the care of

Metropolitan tuberculous employees. In this institution, recreation, classes in forestry, surveying, etc., and the medical lectures of the Trudeau Society (with which the late Edward Livingston Trudeau was in sympathy) are no less carefully planned than the installation of the laboratory, and the X-ray department. The conscientious responsibility assumed by such an institution alone is universally recognized as one of the most progressive steps between employers and workmen.

Space permits of only a mention here of the equipment for caring for the 5500 employees at the home office. Here, where the new-comer's wage is in excess of the state minimum wage scale, a substantial daily lunch, an excellent library, a medical dispensary, dental clinic, services of an oculist and an aurist, rest recreation and amusement facilities, classes in millinery, dressmaking and dancing, a mandolin club, and a band of 110 pieces show the company's voluntarily assumed solicitude for the members of its immediate "Metropolitan Family."

The visiting nurse service which the Metropolitan Life extends gratis to its industrial policyholders needs no explanation here, since it is so generally conducted through affiliation with visiting nurse or public health associations throughout the United States and the Victorian Order of Nurses in Canada. In all, the company has visiting nurse service in about 2000 cities and towns.

The close coöperation between the Metropolitan and the National Organization for Public Health Nursing signifies the company's appreciation of the high professional standard of public health nursing today. Individual Metropolitan nurses well know that part of the questionnaire of the Metropolitan field supervisors requires the list of membership in professional societies; that not only are they urged to join their local, state and national organizations, but during the Metropolitan triennial conventions this year, Dr. Frankel is holding special meetings with the public health nurses in given areas, urging special post-graduate preparation for their work, and even offering to share somewhat, the transportation expenses, temporarily, where the nurses will organize locally for mutual discussion and helpfulness. Today no one denies that the Metropolitan has standardized nursing records to a point which otherwise might have been slowly reached.

In Louisiana, the Metropolitan nurses have become official members of the State Board of Health at the lucrative salary, according to state law, of \$1 per year, which they were advised to save and apply to their poll tax!

The unique contract between the North Carolina State Board of Health and the Metropolitan Life Insurance Company, whereby, it is planned to eventually give nursing care to every resident of the

state, the Metropolitan assuming its full share of responsibility, has also been related in previous issues of the JOURNAL and the *Quarterly*. The State of Virginia followed almost immediately with a similar contract, and already state nursing supervisors are at their appointed tasks.

The value of corporate welfare work, as evidenced in the last decade, has an important bearing on future social development. But this fact augurs well for further activities—that the present welfare campaigns instituted by many employers of labor, and by the Metropolitan Life Insurance Company have been voluntary and spontaneous.

AN EXPERIMENT

Framingham, Massachusetts, will be made the Spotless Town of the United States, if the \$100,000 that The National Association for the Study and Prevention of Tuberculosis is to spend there in a community health demonstration during the next three years can make it so. Out of several hundred towns, it has just been selected by a special committee for a community health demonstration that will seek to show that tuberculosis can be controlled as well as other infectious diseases, if the right methods are employed. The fund for conducting the demonstration has been donated to the National Association by the Metropolitan Life Insurance Company. . . .

In addition to the money which the Committee will spend in Framingham, that city has agreed to coöperate by improving its public health work and by offering certain special facilities for work under the direction of the Committee. The leading citizens of Framingham, as well as the State Department of Health, Harvard University, the Massachusetts Institute of Technology and other schools, have offered their help in the demonstration. As part of the plan, it is proposed to place under definite control every living case of tuberculosis, both those that are demonstrably so and those that are suspected of having had contact with the disease.

As a result of this demonstration it is planned later to use the experience in Framingham in other cities of the United States, to show that tuberculosis can be controlled anywhere.—*Reported by The National Association for the Study and Prevention of Tuberculosis.*

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

MARY M. RIDDLE, R.N.

Collaborators: ADDA ELDREDGE, R.N., LAURA E. COLEMAN, R.N.

SOME DETAILS OF OPERATING ROOM MANAGEMENT

BY FANNY R. HOWE, R.N.

New York, N. Y.

Light. The operating rooms should be situated so as to have a high north or west window, to get good natural light without sun. Various inverted bowls with electric light are good for night work, perhaps a plain chandelier with holophane cross-section globes gives a softer and more diffused light. At least one hand drop light for use in fine close work is an essential part of the operating room equipment.

Why should we not have a room lighted invisibly around the junction of the ceiling and walls with the light thrown up against the white ceiling and reflected on the tables below? With the addition of a central invisible light, this would be adequate in a room not too large. A light gray tone for the walls proves to be much easier for the eyes and therefore is being adopted in many hospitals.

Heat. The temperature is very important to prevent exposure and shock to the patients, at least 70° to 72°F. being desirable to maintain. A north corner room would be difficult to keep warm enough; any heat over 75° is, moreover, uncomfortable for the doctors and nurses to work in on account of the humidity from the steam of the near-by sterilising apparatus. The radiators should be placed in the wall under the windows, because, if in the room itself, they are difficult to keep free from dust, and there is also danger of the assistants at an operation getting burnt if too close, as may be unavoidable in a very small room.

Ventilation. The right kind of ventilation and how to maintain it is still a vexing problem. If the hospital has a system of artificial ventilation already installed, some one in authority should see to it that this is kept running and not turned off by a bigoted engineer to save expense. For the smaller hospital a wooden frame covered with two layers of white cheesecloth fastened on by thumb tacks so that it

is easily removed and washed, may be slipped under the sash. If the cheesecloth is dampened before an operation, the grosser dirt of the street will be effectively kept out.

Cleaning. The operating-room-floor should be cleaned after each case; the first pail being of water and soap with ammonia added to remove blood stains, then one for rinsing, of a solution of phenol or sulphur-naphthol. A bi-weekly hosing and scrubbing with a brush are effective for concrete or mosaic floors. This heavy work should preferably be done by a man; in case operations follow each other in quick succession, this man should be an orderly or male nurse with an intelligent respect for the table of sterile dry goods. Fumigation after a septic case is fast going out of favor, but the habit of cleaning by burning sulphur which has come down to us since the days of Homer, takes some time to be eradicated from our race consciousness. Since 1914, the Board of Health of New York City has discontinued the practice of fumigating houses after contagious diseases.

The cleaning of the room may be completed by a wet dusting with a weak solution of some phenol radical, any of which are not only cheaper than carbolic, but have much greater germicidal power. This wet dusting is one of the duties of the pupil nurse; all ledges of doors, windows, clocks and woodwork, as well as glass shelves, tables and jars, should be conscientiously wiped early each morning, and again in the afternoon.

Instruments. The question of how to clean instruments is important for two reasons. In order to remove the blood, they must not be put into hot water before being first rinsed in cold, being brushed at the same time with a soft bristled brush. All instruments may then be rinsed in a pail of hot soap suds and dried, excepting those used on a septic case, which should be boiled for ten minutes after the rinsing in cold water. No carbolic or other acid should be used, as it is bad for the steel edges and the nickel plate. The pupil nurse should have not longer than a week of the duty of cleaning instruments; this will enable her to instruct other people when she has graduated. If the nurse puts the instruments away after they are cleaned, she will become familiar with the different kinds and may find the names of unfamiliar ones by referring to a catalogue. Usually an intelligent maid should clean the instruments, as it is a waste of time for the nurse to continue doing such routine work in any modern school of nursing.

In sterilising instruments before operation, ten minutes immersion in boiling water is a safe rule. The addition of soda which has long been advocated, tends to leave a brown deposit on the instruments and in the container. Trays which may be raised by foot power out

of the water are the best and should be placed closely adjacent to each operating room. The method still used of having one sterilizing room to supply six operating rooms is very inefficient.

Knives should never be boiled unless at the particular request of a surgeon, neither should they be placed in carbolic acid, but instead, dropped into a tray of 70 per cent alcohol for two minutes.

A catalogue of instruments and needles will be furnished any operating nurse on request to one of the large surgical instrument makers, and provided it is not too accessible to an extravagant surgical committee, will be of great benefit to the nurse for reference.

In volume XVI, No. 6, of the JOURNAL, March, 1916, a record of instruments lent outside the hospital was recommended. Records should also be kept of instruments borrowed in other parts of the hospital, by whom taken, and the date returned. All instruments sent for repair must be carefully listed and checked on return in order to keep the count complete.

The cystoscope is a delicate and expensive instrument which had best be cleaned by the head nurse herself. First, rinse it by letting cold water run through the eyes, taking care after it is superficially cleaned to get pure alcohol into all the grooves and parts. A long metal probe or applicator with cotton on the end is essential for this, as well as a regulation pipe cleaner. When dry, the parts of the cystoscope may be assembled and folded in a clean towel. Here is a question for consideration: Why do we fumigate our cystoscopes with little formalin pellets when alcohol is such an efficient germicide?

The cautery is another piece of delicate apparatus, whether a benzine paquelin or an electric, which needs daily testing and frequent repair. In Portland, Oregon, a specially shaped soldering iron with a blast lamp is used by several surgeons, as it proves more reliable than the expensive cautery.

Supplies. There should be an oxygen tank ready for emergency, one tank to every three operating rooms, or at least one if the hospital is small. The tank needs daily testing if we are to have all possible means of saving human life ready at hand. The precaution to have a dose of strychnia $\frac{1}{4}$ gr. ready for every operation may seem extravagant, but it is really cheap in case of emergency.

It is advisable to keep a pencil and pad of paper tied close to the side of the thermostat, on which the number of bottles of salt solution on hand may be recorded every evening and where each flask taken away during the night may be recorded also. This will prevent the conscientious operating nurse from having misunderstandings with the superintendent or the night supervisor.

Rubber. New rubber tubing should be soaked in chlorinated soda, scrubbed, rinsed, then boiled and kept in a jar of sterile water, which is changed once in two weeks. Glassware may be similarly treated without soaking in chlorinated soda. Rubber tissue must be washed in cold water, soaked in corrosive alcohol, rinsed in sterile water, dried by a surgically clean nurse and placed in biniodide of mercury.

Rubber gloves may be boiled ten minutes and if preferred dry, should be dried by a sterile nurse and done up in groups in sterile bags or towels, ready for operations, and kept two to three days in advance of the demand. Sterilising gloves in the autoclave has proved too destructive to the rubber. After an operation the gloves should be washed in soap and cold water then rinsed in hot water and dried. If used in a septic case they must be boiled before drying. The mending of gloves, may be equally well done by a nurse or skillful maid.

Glass. Glassware such as tubes of catgut, are washed, soaked in corrosive sublimate 1-1000 four hours, then transferred with sterile forceps to uncolored corrosive of the same strength, into jars which have first been cleaned, and rinsed with alcohol. While some hospitals still impose the Herculean task of preparing catgut on their operating nurses, many feel that it is better economy to buy a standard quality of prepared gut, which is uniform, thereby eliminating the waste of time and material.

Other Equipment. At St. Luke's Hospital, New Bedford, Mass., and some other hospitals, the packages of sterile dry goods are kept on shelves away from dust in cases with glass doors.

Brushes which are used for scrubbing the hands last longer when boiled than with any other treatment. They should each be placed in a separate cloth bag, boiled ten minutes, and used but once. A mixture of two parts of corn meal to one part of dry mustard, makes a good cleanser for the hands, and has the advantage of being non-irritant.

Nurses. The manner in which nurses are prepared for operating duty must of course vary according to the size of the hospital. If the hospital has a sufficient number of operations a day to take much of the head nurse's attention, she should have a graduate or a senior pupil assistant, who can take part of the burden of instruction and scrub up to assist. Before a nurse has any operating duty, she will often be called upon to chaperone patients from the wards and arrange them in position on the table. It seems wise, therefore, to take the class of junior nurses or even probationers to the operating room for one demonstration by the head nurse. Later, when the pupil comes for her operating service, she should be shown needles, samples

of suture material, drains, and unsterile dry goods. At the Massachusetts General Hospital, Boston, a card has been prepared with various kinds, different sizes and shapes of needles sewed on it, with the corresponding name and size neatly typed beside each one, which is given the pupil to study when she comes. Before a nurse scrubs for her first operation, she needs to be drilled in the principles of asepsis, and review some of her bacteriology to understand why she must develop her surgical conscience. She needs to know what will be needed for every operation, and also to be told the particular requirements of each individual surgeon whom she will have to assist. A list in book form had best be kept of these peculiarities. The method of sponge count in use in the hospital must be clearly explained to her and the reasons for its importance fully given. In the beginning, it is safer for the pupil to be an unsterile nurse and to watch a half dozen operations. The first time that she assists, it should be with another nurse, preferably the instructor, to aid her in forming correct habits with new associations and stimuli.

The pupil nurse must also be instructed about the sterilisation and preparation of all supplies, particular attention being given to running the autoclave. The head nurse should make a diagram of the autoclave, numbering each separate valve with an explanation underneath. She should then demonstrate and let the pupil follow directly with practice in running the autoclave under close supervision. The amphitheatre orderly, or some responsible person besides the nurses, should also be instructed how to run the autoclave, so as to be able to do it in case of emergency or to assist on a heavy day.

What nurse shall be called for an emergency case at night? The pupils who are on regular operating duty at the time are usually worked to the last degree of strength. In some hospitals they are called in turn, staying in on certain evenings. If there is an assistant night supervisor she might be called on first, then waken a day pupil for a second possible emergency. The time lost should be made up to the pupil that very day or week, even at great sacrifice, or her ability to carry through her nursing education will be seriously impaired. Three years ago, a nurse fainted during an operation in one of the well known New York hospitals. On inquiry, it was found that she had been assisting ten or twelve hours the day before, had stayed on through the evening for emergency cases, then still later, to make up and sterilise supplies, getting to bed at 4 a.m. She was on duty again by 7, after two hours of inadequate rest; let us hope that this sort of barbarous treatment will be recognised as unjust to both pupil and school. Some hospitals have solved this problem of night operations, by having a

surgical nurse on duty from 2 p.m. till midnight. Why not let the night orderly sterilize dry goods? That has been successfully carried out at Mt. Sinai Hospital, New York.

Head nurse. In addition to some teaching, much supervision, receiving and adjusting complaints, and preserving harmony, the head nurse must direct the nurses, the work of the maids and men who scrub windows, brass and floors, keep lists of laundry, new supplies needed, make requisitions, order repairs, watch operations, as well as list them, keep lists of the instruments, and the surgeons on duty, and preserve a manner of undisturbed composure at all times, herself.

To get the patients from the wards to the operating rooms in time for the surgeons, yet not too long in advance, takes thought and judgment. If the nurse will prepare the name of each patient, the ward, and the time to be called, on separate pieces of paper and keep them in order on her desk, the orderly can take the written call when it is time and avoid the mistake of bringing the wrong patient.

In a large hospital, the head nurse will be called upon to give a lecture and demonstration to the orderlies about their duties during an operation, the strength of certain solutions used, and the many positions in which the patient may have to be placed on the table.

The executive duties of the chief surgical nurse are so manifold and exacting that no hospital can afford to have its operating room run without a well-paid graduate supervisor.

A CORRECTION

We greatly regret that some incorrect items in regard to the Samaritan Hospital, Sioux City, Iowa, were reported in the news items of the November JOURNAL. Our Iowa correspondent trusted a newspaper report, not realizing that it is the JOURNAL's custom to obtain news items at first hand and not to quote from other periodicals. We are glad to report news from all sections of the country, but we urge those who send us items to make sure that they are accurate and up to date. In this instance, the campaign for a new building has been started by the hospital board, not the training school board. Miss Slattery is not acting superintendent nor is Miss Carhart night supervisor. The superintendent is Frances C. Matthews.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

CULTURES TAKEN FROM A CLINICAL THERMOMETER.—In a series of experiments communicated to the *Wisconsin Medical Journal* it was found that out of 83 cultures taken, 33 were sterile and 49 contained organisms of various kinds. Streptococci were present in 13 cultures. One of these thermometers had been in the mouth of a patient with facial erysipelas and had been washed in water and dipped in alcohol before being put in its case. Five others from scarlet fever patients carried streptococci in large numbers. Careless washing will not suffice to render a thermometer safe; thorough washing in running water and then in alcohol will render them harmless. A thermometer case containing some disinfectant solution, alcohol, or formaldehyde, in which the thermometer is carried greatly lessens the risk.

TREATMENT OF WOUNDS.—In a paper in the *Medical Record* on the treatment of wounds the following conclusions are arrived at. Unless wounds are suppurating very freely, they are usually dressed too often. Sterilised gauze without dusting powder is sufficient protection for any clean surgical wound. Sterile water, saline solution, or a very mild antiseptic solution should always be preferred to the stronger antiseptics, which in destroying the pus cocci, at the same time destroy the new epithelial tissue by which granulating wounds are covered. There is no better protection against infection than the free use of sterilised pads, or dressings, with which wounds should be abundantly covered. Absolute physiological rest by a properly applied splint or by confinement to bed is a great time saver in the healing of wounds.

INFANTILE PARALYSIS.—Dr. Beverley Robinson, in the *New York Medical Journal*, states that by intelligent treatment the worst effects of infantile paralysis may be warded off. He recommends the internal use of ammonium salicylate, supplemented by the local use of carbolated petrolatum introduced into the nares night and morning. The injection into the spinal canal of immunised blood serum has been of great service, but should be given only by an expert.

ENDORING THE NURSE.—The New York City Department of Education issues a paper called *School Health News*. It contains the following extract from an examination paper. "Tell why the children and parents should respect the school nurse and follow her advice.

Answer: Whatever our nurse tells us we should bring the news home and the mother should not say the nurse is crazy, because she is not crazy. She would not have the position if she was in that state."

ERADICATION OF WHOOPING COUGH.—An editorial in the *Journal of the American Medical Association* contains some interesting facts. About 80 per cent of all cases of pertussis, and 97 per cent of all deaths in New York City are in children under five years of age; over 50 per cent of all deaths are in children under one year of age. The disease seems most prevalent in spring and summer and reaches its highest point in August. Poor surroundings, congestion, lack of fresh air and proper care, owing to poverty, influence the result unfavorably. It is transmitted by direct contact, and adult carriers disseminate it, themselves unrecognized. Pertussis vaccines, when given early, have been effective. It is suggested that quarantine should be enforced during the first two weeks. Boat camps should be organized for summer treatment and hospitals established for severe cases.

SIMPLEST CURE FOR SCURVY.—*The Medical Record* says the white potato is as efficacious as orange juice, or prune, as a remedy for infantile scurvy and is within reach of the poorest. One tablespoonful of mashed potato in one pint of water is added to the twenty-four hours' feeding of milk instead of the usual cereal. The potato should be pared very thin and added to the water in which it is boiled, thus retaining all the vitamins.

THE RAT AND INFANTILE PARALYSIS.—Dr. Mark W. Richardson, in the *Boston Medical and Surgical Journal*, calls attention to facts supporting the theory that poliomyelitis is carried by rats, or rat fleas. The possible contamination of food by the excretions of rodents is considered.

TREATMENT OF SEVERE BURNS.—The *British Medical Journal* describes a plan of treatment employed in severe burns following an explosion on a naval vessel. A burn must be regarded and treated with the same care as a fresh operation wound. Picric acid as a first dressing was found to be unrivaled. For an aseptic case, equal parts of vaseline and boric ointment thickly spread on white lint made a comfortable and easily removed subsequent dressing. Immediately a burn became septic, hot boracic fomentations were begun. The outside dressing was a sheet of antiseptic wool with a layer of gauze on either side folded over the burn and held in place by tapes, easily loosened in case of constriction. A tight roller bandage causes severe pain and may produce gangrene.

INJECTION TREATMENT OF HEMORRHOIDS.—*The Medical Record* states that a 20 per cent solution of carbolic acid in equal parts of

glycerine and water injected by means of a sterilized needle into the hemorrhoids produces excellent results, and removes the necessity for confinement in bed, or an anesthetic, and the risk of stricture or incontinence.

BACTERIAL INFECTION OF EGGS.—The *Journal of the American Medical Association* says that a certain amount of bacterial infection may be found in even fresh-laid eggs. In a series of experiments at the Rhode Island Experiment Station, 6 per cent of the 2500 fresh eggs examined showed bacterial infection in the yolk, the whites being free from infection. The percentage of infection for fertile and infertile eggs was essentially the same. The most probable source of primary egg infection is the ovaries of the fowl, by bacteria escaping through the intestinal wall into the portal circulation. This, however, plays no part in bringing about the decomposition of eggs, this being due to secondary infection.

UTILIZING WASTE PAPER.—It is said that the St. Louis Tuberculosis Society has collected and sold nearly a million pounds of waste paper during the last six months.

MALIGNANT PUSTULE.—In a letter to the *Journal of the American Medical Association*, a missionary in China relates the good effects of poulticing a severe form of anthrax, appearing on the lip, with powdered ipecac. In the cases related, the disease, though usually fatal, was cured.

MAGNESIUM SULPHATE IN BURNS.—In another letter in the same journal the use of a saturated solution of magnesium sulphate for severe burns and scalds is warmly advocated.

TREATMENT OF FORMALDEHYDE POISONING.—In a paper in the *New York Medical Journal* it is related that the treatment in a case of poisoning by formaldehyde consisted of washing out the stomach with dilute aromatic spirits of ammonia, supposed to be the only antidote for formaldehyde. Afterwards a quart of milk was given and also milk of magnesia. Sulphate of strychnia was given as a stimulant. Formaldehyde is used often with scarcely a thought of its possibility for harm.

TRAINING OF WOUNDED SOLDIERS.—The *Paris Médical* gives an account of the establishment of training schools and business colleges where wounded soldiers may be taught occupations which will enable them to earn a living. Cheese making, growing willows for use in wicker work, the care of sheep, cattle, and vineyards are among the pursuits taught.

LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

THE NEED FOR WELL-TRAINED MALE NURSES

I

DEAR EDITOR: I can help "Interested" with a suggestion. For several years the Training School of Butler Hospital, Providence, R. I., has been supplying the need that is lamented in your correspondent's letter. Our men nurses spend the second year of their course at a New York or Boston general hospital, returning to Butler Hospital for the third year. After passing examinations they are eligible for state registration in Rhode Island, and orderlies from New York or Boston hospitals frequently enter our school for two years to complete their course and acquire the nursing diploma of Butler Hospital. Such men do well in practice, for there is, and always will be, a demand for their services.

Rhode Island.

G. A. B.

II

DEAR EDITOR: We are a general hospital and we train both young men and young women. Our hospital, the Doctor Bailey Sanatorium of Lincoln, has only eighty-five beds, but it is a school in which very thorough and systematic work is done. Our course covers three years, for six months of that time the nurses are sent to Cook County Hospital, Chicago, for supplementary work. We have two separate buildings, one of forty-five beds for general cases and one of forty beds for mental cases. The male nurses do special and general duty, have diet work and operating room work and have as varied a course as do the women. Instead of lectures on obstetrics and gynaecology, genito-urinary work is substituted in both theory and practice. Our curriculum is outlined from the book drawn up by the nurses of the State Board of Nebraska. . . . Our nurses are always registered in their own state and not infrequently apply for registration in other states to which they may go.

As for the future of a male nurse, I am firmly convinced from the way our graduates are kept busy that there is a growing demand. Few of them stay in Nebraska. A great many have gone west, a number to Chicago and others have taken responsible positions elsewhere. Some of the more ambitious ones make the training a stepping stone to something better. Several have studied medicine and this fall three . . . entered dental college. I have often wished we could train our male nurses for some definite work, that hospitals and doctors would write and ask us to select a capable student and train him along a definite line, . . . It is a pleasure to have them do the work which generally falls to orderlies, who are either self-taught or untaught. I enjoy teaching them and feel they are as a class a valuable addition to our profession.

Nebraska.

I. M. B.

LETTERS FROM NAVY NURSES

DEAR EDITOR: The first class of native nurses trained by the United States Navy Nurses in Tutuila, Samoa, was graduated with honors and ceremonies befitting such an event. This work was begun by Mary Humphrey and Corinne Anderson, who reported for duty in Samoa in September, 1913. The new venture was started under conditions which would have daunted less resolute workers, but in spite of limitations these pioneers saw encouraging results of their efforts before returning to the United States. Ada M. Pendleton with the assistance of Emily Smaling, Violet Gass, and Miss McVey continued the work so ably begun, and in the graduation of this first class found the reward which comes from patient and efficient endeavour.

The questions for the final examination were prepared by the Chief Nurse with a view to ascertaining the fitness of the nurses for the work they would have among their own people. It is almost incredible that the same nurses who have written clear and concise answers to these questions are those who wrote "The Story of the Food" which was published in the JOURNAL of June, 1915. The final papers were forwarded to the United States and have been read with much interest by the Secretary of the Navy who is justly proud of the good work which has been done in Samoa by the doctors and nurses.

Many invitations for the graduating exercises were sent and the Samoans gathered from all the districts, bringing offerings of fruit and flowers. The Governor of Samoa addressed the class, the senior Medical Officer presented the diplomas, the design and coloring having been chosen with a view to satisfying the Samoan idea of beauty. The nurses were presented, also, with large class pins of gold, with an attractive design in red and blue enamel, of which they are very proud. The Chief Nurse, Miss Pendleton, treated her class to a holiday of one month at Apia, which was a wonderful experience for these young girls. After their vacation the nurses were assigned to duty. One remained at the hospital under the supervision of the Navy Nurses. The other two were assigned to certain districts and, so far as possible, a definite routine of work and the consequent reports were prepared. The nurses will have periods of hospital duty which will overcome any tendency to lapse in efficiency. The new class numbers four, and is at present, under the instruction of the Acting Chief Nurse, Emily Smaling. The list of applicants waiting to take the training is increasing and the new problem may be to provide adequate accommodations for larger classes.

The classes of native nurses in Guam have been established for a number of years. Until recently, these women have worn the native costume and have been trained chiefly as midwives. The native dress is very picturesque, but is not well adapted to the work of caring for the sick. The class work and hospital experience of the native nurses has been increased and they are now in full uniform, including cap. The result of this increased experience and the discrimination in dress has been a noticeable increase in efficiency and dignity. The head native nurse, Maria Roberts, who has had many years of experience in directing the native nurses, has been permitted to wear a black velvet band on her cap, which has added materially to her dignity and importance.

The new tuberculosis hospital has been opened and the supervision of this work is one of the details assigned to the Navy Nurses. The hospital is situated at the highest point in Guam, commanding a view of island and sea which is

surpassingly beautiful. The hospital buildings in Guam are spacious and cool; there have been no complaints from the nurses that the tropical heat affects them while at work.

The normal school has been opened and all the public school teachers are required to attend. Miss Bowman, Chief Nurse, has been appointed head of the Department of Physiology and Hygiene. When accepting this appointment Miss Bowman secured the privilege of having the class of native nurses attend the lectures in this department. A Pils anatomical chart has been shipped to Guam, to facilitate the instruction. When one considers the limited funds at the disposal of the Educational Department in Guam, the purchase of this chart is an evidence of the determination to make the classes successful.

The American Colony has been interested in making the nurses happy and contented. The reports of active work have supplementary descriptions of moonlight beach picnics, caraboa rides, canoeing, tennis and other diversions, which indicate a well balanced "work and play" existence.

The Native Clinic, in connection with the Naval Hospital, Canacao, P. I., varies in size. At present it is well attended and the nurses who are assigned to this duty have become very much interested in the living conditions of the patients. Through the efforts of the Chief Nurse, the Educational Department and the Civic Club in Manila have organized a movement to have a native nurse sent to this district in order that she may follow up the nursing treatment and sanitary suggestions which are started in the Naval Clinic. The good effect is already noticeable although this seems to be almost a drop in the bucket in comparison with the amount of work to be done.

The boat trip through the Southern Isles has been taken by several groups of nurses and their joy in the natural beauty of the scenery is somewhat diminished by their realization of the great amount of work which needs to be done from the standpoint of the trained nurse. At the time of writing, two of the Navy nurses are enjoying a month's leave in China and Japan while en route to the United States.

LENAH S. HIGBEE.

(Compiled from letters received from the various chief nurses.)

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

THE AMERICAN NURSES' ASSOCIATION

The directors of the American Nurses' Association met in New York on November 2 and 3, when reports from officers and committees were received and considered, reorganization was further discussed, applications were considered and other business transacted. The resignation of two associations was accepted: Alameda County, California, and the Graduate Nurses' Association of Salt Lake City. One association was reinstated in membership, the Chicago Baptist Alumnae. Seven associations were accepted as new members, whose names will be printed here as fast as they are enrolled. The only one as yet recorded is that of the Los Angeles County Hospital Alumnae. A joint meeting of the boards of directors of the three national associations was held on November 3, at which the plans for the convention in Philadelphia were presented and discussed. The date will be April 25 through May 2, and the place, the Bellevue-Stratford Hotel. The programme, as outlined, promises to be of great interest and value.

Nurses in all parts of the country are again urged to obtain from business and professional men endorsement for the bill to grant the American Nurses' Association a national charter. Letters should be sent directly to members of the District Committee of the House of Representatives. A copy of the bill will be found in the JOURNAL for October. The names of the members of the District Committee are: Ben Johnson of Kentucky, Wyatt Aiken of South Carolina, Robert Crosser of Ohio, James T. Lloyd of Missouri, James A. Hamill of New Jersey, Charles O. Lobeck of Nebraska, J. Willard Ragsdale of South Carolina, Carl Vinson of Georgia, Peter J. Dooling of New York, Warren Worth Bailey of Pennsylvania, Emmett Wilson of Florida, Benjamin C. Hilliard of Colorado, Michael E. Burke of Wisconsin, William J. Cary of Wisconsin, Carl E. Mapes of Michigan, Benjamin K. Focht of Pennsylvania, Loren E. Wheeler of Illinois, George P. Darrow of Pennsylvania, P. Davis Oakley of Connecticut, Norman J. Gould of New York, George Holden Tinkham of Massachusetts. Additional copies of the bill may be obtained from the secretary of the Association, whose address is always to be found in the Official Directory of the JOURNAL.

REPORT OF THE ISABEL HAMPTON ROBB MEMORIAL FUND

October 31, 1916

Previously acknowledged.....	\$25,005.24
Hannah J. Brierley, Newport, R. I.....	2.00
Passaic General Hospital Alumnae Association, Passaic, N. J.....	10.00
Moses Taylor Hospital Alumnae Association, Scranton, Pa.....	10.00
St. Luke's Hospital Alumnae Association, New York City.....	9.00
Total.....	\$25,726.24

All drafts, money orders, etc., should be made payable to the Merchants' Loan and Trust Company, Chicago, Ill. All contributions should be sent to Mary M. Riddle, treasurer, Newton Hospital, Newton Lower Falls, Mass.

MARY M. RIDDLE, *Treasurer.*

NURSES' RELIEF FUND, REPORT FOR OCTOBER, 1916

Receipts

Previously acknowledged.....	\$2,780.99
Interest on Bond.....	20.00
Virginia R. Clendenin, Baltimore, Md.....	1.00
In memory of Emma Duensing, from a friend.....	10.00
Katharine Thompson, Chicago, Ill.....	1.00
Mrs. Margaret I. Hodgson, Rochester, N. Y.....	2.00
Celia Staub, Rochester, N. Y.....	2.00
Nellie I. Crowley, Rochester, N. Y.....	1.00
Roosevelt Hospital Alumnae Association, New York City.....	25.00
University of Michigan Hospital Alumnae Association, Ann Arbor, Mich.....	5.00
St. Timothy's Hospital Alumnae Association, Philadelphia, Pa.....	5.00
Anna O'Neil, Utica, N. Y.....	1.00
Margaret Jones, Philadelphia, Pa.....	1.00
Camilla B. Fulper, Bridgeport, Conn.....	1.00
Bertha B. Rhodes, Hartford, Conn.....	1.00
E. Bervien Armstrong, New York City.....	1.00
Virginia M. Alexander, Allegheny, Pa.....	1.00
Edith Hutton, Scranton, Pa.....	1.00
Mrs. A. A. Fletcher, Atlanta, Ga.....	2.00
Anna E. O'Connor, Evanston, Ill.....	1.00
Eugenia Swann, Berryville, Va.....	1.00
Cora S. Swarts, Camden, N. J.....	1.00
Mary C. Brets, Philadelphia, Pa.....	1.00
Mrs. E. C. Willoughby, Tewksbury, Mass.....	1.00
Lily A. Heward, Orange, N. J.....	1.00
Fifth District of Illinois State Association of Graduate Nurses.....	10.00
Janet Fisher, Houston, Texas.....	1.00
Elisabeth J. Walley, Bruin, Pa.....	1.00
Helen MacPherson, Binghamton, N. Y.....	1.00
St. Luke's Hospital Alumnae Association, Davenport, Iowa.....	10.00
Mrs. E. F. Mitchener, New York City.....	5.00
Lydia E. Bets, Danville, N. Y.....	1.00
Irene J. Carroll, Va.....	1.00
Iowa Methodist Hospital Alumnae Association, Des Moines, Iowa.....	10.00
Hospital of the Good Samaritan, Los Angeles, Cal.....	5.00
Annette B. Cowles, El Paso, Texas.....	1.00
Jessie M. Rowe, Philadelphia, Pa.....	1.00
Newark German Hospital Alumnae Association, Newark, N. J.....	5.00
Bradford Nurses' Association, Bradford, Pa.....	15.00
Anna G. Hosack, Pittsburgh, Pa.....	1.00
Anna M. Wakefield, Pocantico Hills, N. Y.....	5.00

Wilhemina Agnew, Chicago, Ill.....	\$1.00
Anna Wiswell, Philadelphia, Pa.....	4.00
Elizabeth P. Lindheimer, New York City.....	1.00
Lucille D. Forman, Natchez, Miss.....	1.00
Emily Fitch Watson, Lee, Mass.....	1.00
Jessie E. Cox, Baltimore, Md.....	2.00
Adeline A. Brow, Newport, R. I.....	1.00
Mary Rebecca Noble, Pittsburgh, Pa.....	1.00
M. Ellen Hollingsworth, Lamotte, Md.....	1.00
Indiana State Nurses' Association.....	25.00
Mary E. Garland, Indiana.....	1.00
Meta Holman, Indiana.....	1.00
Florence E. McKee, Wilkinsburg, Pa.....	1.00
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	\$2,981.99

Disbursements

Application approved Number 1, 21st payment.....	\$10.00	
Application approved Number 2, 10th payment.....	5.00	
Application approved Number 4, 8th payment.....	15.00	
Application approved Number 5, 6th payment.....	10.00	
Application approved Number 6, 6th payment.....	10.00	
Styles and cash, record books.....	10.25	
The Vidette, 500 letter heads and 500 envelopes.....	7.35	\$67.60
	<hr/>	
Balance November 1, 1916.....		\$2,914.39
13 bonds, par value.....		13,000.00
2 certificates of stock, par value.....		2,000.00
		<hr/>
		\$17,914.39

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144 St., New York City, and cheques made payable to the Farmers Loan and Trust Company, New York City.

For information address Mrs. William L. Crass, Chairman, Montezano, Washington.

M. LOUISE TWISS, *Treasurer.*

REPORT OF THE SEVENTH ANNUAL MEETING OF THE AMERICAN ASSOCIATION FOR
STUDY AND PREVENTION OF INFANT MORTALITY

By Kate Kohlsaat, Delegate from the American Nurses' Association

The seventh annual meeting of the American Association for Study and Prevention of Infant Mortality was opened at 9.30 a.m. on Thursday, October 19, in the Lecture Hall of the Public Museum, Milwaukee, Wis.

The first session was called to order by the president, Dr. F. McC. Hamill. Dr. Hamill in part said, "In face of the European calamity which is taking off and annihilating so many men, we need this Association and the work it is doing more than ever." The first speaker of the morning, Dr. A. B. Emmons of Boston, in his address, "A Brief Review and a Look to the Future," emphasized the fact that child bearing is a normal function, but from its high morbidity and

mortality "dangerous to the public health." He stated further that the fault in obstetrics lies in the poor teaching, the low standard of practice, low fees, long hours and inadequate assistance. One step proposed by Dr. Emmons as a means of reducing infant mortality was that the health authorities be notified of all pregnancies in order that they may assist the prospective mother and see that she receives the proper care. He also said that the information should be kept confidential; that at first the matter of notification might be voluntary, but that later it should be made obligatory. Dr. William C. Woodworth of Washington, led a discussion on Still Births. Dr. Grace L. Meigs of the Federal Children's Bureau, Washington, D. C., said at least 15,000 women die each year in this country from causes connected with childbirth; and that about 7,000 of these die from childbirth fever. For thirteen years the official figures have shown no decrease in the death rate from conditions connected with childbirth. Comparing this with the official figures of the same time relating to typhoid fever where the death rate has been cut in half, and diphtheria, which has been reduced to less than half, one can readily see the great need for improvement in the care of women at childbirth in this country.

The subject of the afternoon session was "Propaganda." Dr. H. L. K. Shaw, Director of the Division of Child Hygiene, New York State Department of Health, told how the health of babies could be improved through proper educational campaigns. Dr. Henry F. Helmholtz, of The Infant Welfare Society of Chicago, gave an address on propaganda work, from the view point of private agencies, and Dr. Hoyt E. Dearholt, Milwaukee, discussed propaganda from the viewpoint of newspaper publicity. Moving pictures showing how to raise healthy children, taken for the Infant Welfare Department of the New York Health Department and by the Ford Motor Company of Detroit, were shown.

The evening meeting was held jointly with the Milwaukee County Medical Society, the subject being "Pediatrics." Dr. Borden S. Vedder, St. Louis, chairman of the meeting, directed attention to the fact that because measles and whooping cough are such everyday events they are regarded as of little importance, however, between 9,000 and 10,000 children die annually in the United States from each of these diseases. A warning against whooping cough as a cause of infant sickness and death was given by Dr. I. A. Abt, Chicago, in his address "Pertussis from the Standpoint of Prevention." Dr. Abt said the complications arising from whooping cough may not only lead to death, but also to lifelong troubles, such as tuberculosis, paralysis and idiocy. Prevention consists in isolation and quarantine wherever possible. Measles from the standpoint of Prevention was discussed by Dr. J. G. Wilson, United States Public Health Service. Dr. Wilson said daily inspections and prompt isolation of every child with any degree of fever is entirely successful in prevention of epidemics of measles in modern up-to-date institutions. This method has sufficed to prevent any epidemic outbreak at the immigrant station at Ellis Island, where hundreds of cases of measles are introduced daily.

Friday morning was given over entirely to the annual business meeting and the reports of different affiliated societies. Through its affiliated memberships the association is in touch with baby-saving activities in 79 cities, representing 28 states, the District of Columbia, Canada and the Philippine Islands.

The first part of the Friday afternoon session was a joint one on Governmental Activities and Vital and Social Statistics, the topic being, The work of Governmental Authorities for the Control and Prevention of Infantile Paralysis

during the Epidemic of the Current Year. A detailed account of the measures adopted by the United States Public Health Service to prevent the spread of infantile paralysis through inter-state travel from New York City, was given by Dr. C. E. Banks, senior surgeon United States Public Health Service and chief of the field staff assigned to duty in New York City. The epidemic extended, Dr. Banks said, for a radius of 100 miles in every direction from New York City, until there was a total of about 20,000 cases. The plan adopted was one of notification to local health officers about this travel, informing them of the expected arrival of travelers accompanied by children of the age of 16 years or under, thus enabling the local authorities to deal with such cases as the conditions of their communities permitted. He said that 75,000 children and 25,000 adults were examined, so that they might pass the various quarantines established by the states. Dr. Henry L. Coit, Newark, N. J., gave a report on the Newark plan for the after-care of victims of infantile paralysis. Dr. Coit said only 20 per cent of the victims of infantile paralysis completely recover, that nearly eight-tenths of all the cripples in the United States are victims of the disease, and that the mortality per cent exceeded one-fourth in Newark last summer. At the end of six weeks' confinement in the isolation hospital, the children are given into the care of the Health Department. Nine registered trained nurses are employed. These nurses visit the homes to persuade the mothers to send their children to the proper clinics and to see that they have the proper mechanical appliances. Nine hospitals have supplied beds for cases needing hospital treatment, and there are nine orthopedic clinics connected with these hospitals to which the nurses take their patients for treatment. This work is under the Health Department, but is paid by private subscriptions from a fund raised through a campaign instituted by the *Newark Evening News*. The second part of the afternoon was devoted to Public School Education for the Prevention of Infant Mortality, with Prof. Abby L. Marlatt, Director of Home Economics, University of Wisconsin as chairman. Professor Marlatt emphasized the fact that in the reduction of the infant mortality rate the most important factor has been shown to be prenatal care based on scientific knowledge acquired before the need arises. No line of work which does not reckon with the future mother can ever succeed, and in her education the public and private schools must provide those courses which will make it possible to eliminate the frightful loss of life during the first month after birth. The work of the Extension Department of the University of Wisconsin in educating the mother along the lines of pre-natal care was taken up by Dr. Dorothy Reed Mendenhall, who said teaching along pre-natal and natal lines has developed in two ways. First, a correspondence course on the Care of the Expectant Mother, second, Community Institutes. The correspondence course aims to give to the mother the necessary knowledge in regard to keeping herself in good physical condition while she is carrying her child and to safeguard herself against miscarriage and kidney complications. The question of care in regard to physician and nurse as well as unnecessary danger of puerperal sepsis and the needed rest in the lying-in period is also discussed. At the Community Institutes, which are held in different small towns throughout the state under the auspices of the University Extension Department, talks on the care of the mother during and after confinement together with the care of the baby are given. Dr. Amy Daniels, of the Department of Home Economics of the Wisconsin University said that the most important factor in reducing infant mortality consists in teaching the mother

how to feed and care for her children. She advocated the establishment of baby clinics as an adjunct to the classes in dietetics and that teachers of home economics should not only be able to teach the underlying principles of sanitation and infant hygiene, but should be able to direct the feeding of infants. Dr. Daniels claimed that the future health of the community depended more upon the proper teaching of home economics than upon the doctor or the nurse; stating that the teacher is always present while the nurse is not. Agnes Boeing of the University of Wisconsin gave an account of her experiences during a month's work at the Chicago Lying-in Hospital and the Milwaukee Children's Hospital. A rather heated discussion followed.

The Saturday morning session opened with Dr. Dorothy Reed Mendenhall as chairman. Elizabeth Kelley of the University of Wisconsin represented the Problems of the Rural Woman in a graphic way. Miss Kelley said that while statistics show that the country is the healthiest place to rear children, they also show that the greatest infant mortality is in the country. The three causes to which Miss Kelley attributes the high infant death rate are: first, poor grade of country doctor; second, absence of nurses; and third, inability to obtain help. The remedy for the first two causes lies with the medical profession; for the last with the Department of Home Economics. Farm women must be taught to make machinery take the place of hired help which they cannot get. Miss Kelley emphasized the fact that the farmers must be educated as well as the farm women, and that if they can afford to have planters and mowers and thrashing machines then the women must have running water, washing machines and bath room. Problems of the Rural Mother in Infant Feeding, was discussed by Dr. Lydia Devillbiss, Topeka, Kansas, and the subject of Rural Nursing by Katherine Olmsted, Supervising Nurse of the Wisconsin Anti-Tuberculosis Association.

At 2 p.m. a round table conference on Standards of Infant Welfare Nursing was held, with Harriet Leete, Cleveland, Ohio, as chairman. A paper on the Standards and Qualifications of Infant Welfare Nurses was read by Minnie H. Ahrens, Chicago. The name Girls' Health League was thought to be a much better title than Little Mothers' Club, for classes of young girls. Estelle Wheeler, Washington, was made chairman of a committee to draft a standardization card for efficiency for all infant welfare nurses, to be presented at the next annual meeting of the American Association for Study and Prevention of Infant Mortality.

ARMY NURSE CORPS

Appointments.—Sara F. Kern, graduate of Samaritan Hospital, Philadelphia, Pa.; Mary A. Lafferty, Long Island Hospital, Boston, Mass.; Ada E. Schleigh, St. Agnes Hospital, Baltimore, Md.; Emma C. Hepperlen, Misericordia Hospital, New York, N. Y.; Harriet T. Schneider, Friends Hospital, Philadelphia, Pa., and post graduate Bellevue Hospital, New York, N. Y.; Mabel Ketter, Bellevue Hospital, New York, N. Y.; assigned to duty at the Walter Reed General Hospital, Takoma Park, D. C. Margaret A. Slater, West Side Hospital, Chicago, Ill.; Cora W. Hicks, Brokaw Hospital, Normal, Ill.; assigned to duty at Letterman General Hospital, San Francisco, Calif.

Transfers. To Army General Hospital, Fort Bayard, N. M.: Ila Broadus. To Letterman General Hospital, San Francisco, Calif.: Mary L. Alhorn, Margaret F. Tangney, Margaret McM. Bell, Jennie T. Booth, Eleanor L. Bollman. To Department Hospital, Honolulu, H. T.: Florence M. Cassels. To Department

Hospital, Manila, P. I.: Bell Mead, Ada Ingels, Rose L. Hansen. To Fort Wm. McKinley, P. I.; Jean G. Mackensie.

Discharges.—Mae V. Sullivan, Mary A. Rebholz.

Resignations.—Burdens Johnston, Margaret A. Dietrich.

RESERVE NURSES, ARMY NURSE CORPS

To Base Hospital No. 2, Fort Bliss, Texas: From St. Louis, Mo., Dolly Belle Schmitt, Caroline K. Struck.

Relieved from active duty: Clair Jones.

DORA E. THOMPSON,
Superintendent, Army Nurse Corps.

NAVY NURSE CORPS

Appointments.—Helen A. Du Mond, New York Hospital, New York; Mary M. Barron, of Saco, Maine, Dr. Cousins Hospital, Portland, Ore., post-graduate course, Woman's Hospital, New York; Katrina E. Hertzner, of Tiffin, Ohio, Illinois Training School, Chicago, Chief Nurse, U. S. N.; Minnie C. Pipher, of Emmett, Idaho, Good Samaritan Hospital, Portland, Ore.; Marie R. Bartholdi, of Milton, Mass., Massachusetts Homeopathic Hospital, Boston, Mass.; Frances D. Gale, of Petersham, Mass., St. John's Riverside Hospital, Yonkers, N. Y.; M. Ada Allen, of Baker, Ore., St. Vincent's Hospital, Portland, Ore., Charge Nurse St. Joseph's Hospital, Bellingham, Wash., Surgical Nurse, Mercy Hospital, Eugene, Ore.; Marcella P. Souther, Providence Infirmary, Mobile, Ala.

Transfers.—Mary H. Conlin, to New York; Helen A. Dumond, to New York; Theresa E. Wilkins, to Chelsea, Mass.; Mary McC. Barron, to Chelsea; Della V. Knight, Chief Nurse, to Fort Bayard, N. M. for treatment; Ada M. Pendleton, Chief Nurse, to Mare Island, Cal. (by request); Katrina E. Hertzner, to Washington, D. C., special duty with Red Cross; Minnie C. Pipher, to Mare Island, Cal.; Mary A. Long, to Mare Island; Marcella P. Souther, to Norfolk, Va.; Frances D. Gale, to New York; Annie A. Wayland, to Washington, D. C.; Betty W. Myer, special duty, Naval Academy, Annapolis; Beatrice G. Terrill, to Annapolis, Md.; M. Ada Allen, to Mare Island, Cal.; Mary R. Bertholdi, to Chelsea, Mass.; Edith V. Kiester, to Philadelphia; Mary P. Leeder, to Canacao, P. I.; Ellen L. Penna, to Guam.

Promotions.—Anna G. Davis, Acting Chief Nurse, Annapolis, Md.; Emily M. Smaling, Acting Chief Nurse, Tutuila, Samoa.

Resignations.—Julia T. Nichols.

Notes.—The re-appointment of Katrina E. Hertzner marks the return of another chief nurse of the Navy who has had a period of duty with the Red Cross Units in Europe. J. Beatrice Bowman was supervising nurse of Unit "D," which did duty in England. After completing six months' service Miss Bowman returned to the United States, was re-appointed a member of the Navy Nurse Corps, and is now Chief Nurse at the Naval Station, Guam. Miss Hertzner was re-appointed September 26, 1916. With the authority of the Secretary of the Navy, the Surgeon General has assigned Miss Hertzner to special duty at the headquarters of the American Red Cross. The selection of Miss Hertzner for this duty is particularly desirable. Her former experience as a successful chief nurse in the Navy has been augmented by her active duty for a period of eighteen

months with the Red Cross units in Europe and it is believed that her varied experience will make her work particularly valuable to the Naval and Red Cross Nursing Services.

It is with deep sorrow that the item among the death notices, announcing the death of Nellie M. Shersinger, is submitted to the JOURNAL. Although a young nurse in the Corps, Miss Sherzinger had endeared herself to all her associates and her loss is deeply felt by her co-workers in Guam and at her former station, Annapolis, Md. Miss Sherzinger's death is the first since the Nurse Corps was established in May, 1908.

LENAH S. HIGBEE,

Superintendent Navy Nurse Corps.

Alabama.—THE ALABAMA STATE ASSOCIATION OF GRADUATE NURSES held its third annual meeting at the Cawthon Hotel, Mobile, on October 3. Twenty-four delegates were present, and of the 257 members enrolled, 46 responded. The president, Margaret Hutton called the meeting to order, and Lemoyne Phares made the address of welcome, to which Mabel Carroll gave the response. Routine business was transacted, and the following recommendations of the Executive Board were read, voted upon and adopted: That the date of the annual meeting be changed from the first to the third Tuesday in October; that the State Red Cross Committee be composed of the following, subject to the approval of the National Committee, Linna H. Denny, Birmingham, chairman; Julia Dainwood, Birmingham, secretary; Helen MacLean, Birmingham; Lemoyne Phares, Mobile; Eloise Schlund, Mobile; Zena Burkholder, Mobile; Lillian Dixon, Birmingham; Margaret Hutton, Montgomery; that Mrs. E. M. Hartsock be re-nominated and Margaret Hutton be nominated for the State Board of Examiners, subject to approval of the Governor; that transportation of the president, secretary, treasurer, and the three trustees be paid by the State Association, when attending annual meetings; that the sum of fifty dollars be set aside, if necessary, for expenses of the state delegate to American Nurses' Association convention; that the duties of corresponding secretary be changed to read: The corresponding secretary shall notify officers of their elections and committees of their appointments. She shall keep a correct list of names and addresses of members. She shall attend to all printed matter of the association as directed by the Executive Board. That the secretary of this association be instructed to send communications to proper authority in the House of Representatives in Washington, the endorsement of the Executive Board on behalf of the bill governing the adoption of a National Charter by the American Nurses' Association; that St. Vincent's Hospital Alumnae be accepted by this association; that the next meeting be held in Birmingham. A list of books recommended by the Board of Examiners was read by the secretary, and approved by the association. It was voted that the president appoint a Sick Relief Fund Committee, this committee to consist of the treasurer of the state association, and the treasurers of the local Graduate Nurses' Associations, and that dues of ten cents per capita from each association be paid into the Relief Fund. Mrs. Belle Hope read her report as delegate to the convention of the American Nurses' Association. It was voted that the treasurer of the association be bonded to the amount of \$500, the association to pay the bonding fee. Officers were elected as follows: president, Lemoyne Phares, Mobile; vice-presidents, Josephine Cady, Mobile, Mrs. Belle Hope, Montgomery; recording-secretary, Helen MacLean, Birming-

ham; corresponding secretary, DeWitt Dillard, Mobile; treasurer, Mary Denman, Birmingham; trustee for three years, Margaret Hutton. The other trustees are, Mrs. E. M. Hartsock, one year, and Catherine Montlis, two years. Additional members on the Board elected were: Annis E. Stay and Mrs. Belle Hope. The following nominations were made from the floor: Lula Rush, Mobile, Eloise Schlund, Mobile, Mary Walker, Birmingham and were elected unanimously. After business transactions were completed, Eloise Schlund, read a paper on Preliminary Education Necessary before Entering Training School. A paper on "Activity of the American Journal," was read by Liana H. Denny, Birmingham. The meeting adjourned to The Vineyard for luncheon, after which a boat ride on Mobile Bay was very much enjoyed. These entertainments were contributed by the Graduate Nurses Association of Mobile. The evening session was called to order at eight fifteen, Margaret Hutton, presiding. The invocation by Rev. John W. Phillips, pastor First Baptist Church, Mobile; address of welcome in behalf of the city, by Hon. Harvey Pillans, Mayor of Mobile. The response and president's address by Margaret Hutton, was well delivered. A paper was read by Zena Burkholder of Mobile on Public Health Nursing and one on Red Cross Activities by Margaret Patterson, of Birmingham (who is now at the border) read by Josephine Cady, Mobile, a paper by Linna Denny on Work of the Local Red Cross of Birmingham was read by Mary B. Walker. The address of the evening was delivered by Rev. Father E. C. de Lamoniere, S.J., professor of physiology, Spring Hill College, who, during the course of his remarks paid a high tribute to the services of the trained nurse. A paper on First Aid, by Dr. W. S. Roundtree of Wylam (who is now at the mobilisation camp, Montgomery) was read by Eunice Ward. The next regular meeting will be held in Birmingham, October, 1917.

Arkansas: Fort Smith.—THE SPARKS MEMORIAL HOSPITAL TRAINING SCHOOL FOR NURSES has introduced the eight hour system for students, and requires a preliminary education of not less than one year of high school for admission. This is the first school in the state to establish the system. There are three relays of nurses who change at 8 a.m., 4 p.m. and midnight. MENIA S. TYE, superintendent of the hospital, has been appointed to succeed Belle McKnight as president of the state board of nurse examiners. Miss McKnight has resigned her position as superintendent of Davis Hospital, Pine Bluff, to take a much needed rest.

California: Santa Barbara.—MARY JEAN HURDLEY, formerly superintendent of the University of Virginia Hospital, Richmond, Va., and of the Cottage Hospital of Santa Barbara, has established a home in the city for those wishing professional or skilled care.

Connecticut.—THE GRADUATE NURSES' ASSOCIATION held its quarterly meeting in Bridgeport on November 1, with over one hundred members present. The association is busy, and much interested, in districting the state. Dr. Hawley, lately returned from France, gave an interesting account of his experience with the Ambulance Corps. THE STATE LEAGUE OF NURSING EDUCATION held its fifth annual meeting at the nurses' home of the Bridgeport Hospital, on November 1, and elected the following officers: president, Martha Wilkinson, superintendent of the Visiting Nurse Association of Hartford; secretary, Lissie Goeppinger, Assistant Principal of the Hartford Training School for Nurses. **Hartford.**—ST. FRANCIS HOSPITAL TRAINING SCHOOL ALUMNAE ASSOCIATION held its semi-annual meeting at the hospital on October 28, the president, Eliza-

both Riley, in the chair. Sixty-four members were present. A paper on Infantile Paralysis was read by M. H. Britt, and one on Charity among Nurses, by N. J. Kingsley. Resolutions on the death of Mary A. Farrell were prepared. A vote of thanks was given Elizabeth Riley and the secretary, R. T. Moore, who resigned, after serving five and eight years respectively. The following officers were elected: president, Elizabeth A. Toomey; vice-president, Mrs. Susan A. Gralton; secretary, Exilda I. Marshall; treasurer, Mary M. Moore. After routine business, a social hour was enjoyed. **NEW HAVEN.**—THE NEW HAVEN VISITING NURSE ASSOCIATION will give a six months course in Public Health Nursing, which is practically the same as that given by it during the last two summers, but the time for beginning is changed from April 1 to January 9.

District of Columbia.—THE GRADUATE NURSES ASSOCIATION held its first meeting of the season on November 6. Twenty-one new members were admitted. It was voted that the president appoint a chairman of a committee on Relief Fund of the American Nurses Association to cooperate with the National Committee of the Relief Fund, in collecting funds, arousing general interest, and in investigating local cases applying for relief. The Report of Nurses' Examining Board showed that two examinations were held during the year, with 88 present. Twenty-four failed to pass, 56 made an average of 75 per cent or over, while the 24 failing to pass made an average of less than 60 per cent in two or more subjects. It was announced that in addition to the four regular or business meetings, a course of lectures will be given during the winter. At the first of these supplementary meetings the subject will be the Purposes and Relations of Nursing Organizations and Movements, both Local and National. Feeling the need for an increase of membership as well as a stimulation of interest and awakening among those already members, the directors have arranged to have one speaker outline the purposes of the American Nurses' Association, another the History of the Graduate Nurses' Association and its Relation to the American Nurses' Association, and a third to tell the Meaning and Effect of Registration upon the Individual, the Community and the Profession.

Florida.—THE FLORIDA STATE ASSOCIATION OF GRADUATE NURSES held its fourth annual meeting in the Professional Building, Jacksonville, on October 27, and elected the following officers: president, Anna Davids, McEwen Hospital, Orlando; vice-presidents, Mary Morrison, Alice Lloyd, Jacksonville; recording secretary, Mrs. Mary Roach, Miami; corresponding secretary, Isabel Odiorne, 419 E. Forsyth St., Jacksonville; treasurer, Marie Nau, Jacksonville. Members of the Executive Board are, Mary Marshall, Thurza Williams, Neva Bewley, Margaret Fleming, Maud Fleming. The association voted to make the AMERICAN JOURNAL OF NURSING its official organ. THE STATE LEAGUE OF NURSING EDUCATION held a meeting at the Hotel Windle on October 28, and elected Sara W. Spear, superintendent of Riverside Hospital, president, and Mary C. Marshall, superintendent of Marion County Hospital, Ocala, secretary. **Jacksonville.**—THE PUBLIC HEALTH NURSES of the state met October 27, and formed an association. The meeting was well attended and enthusiastic, and a constitution and by-laws were adopted. Officers were elected as follows: president, Josephine Rugg; vice-president, Irene Foote; secretary, Mrs. Susan Vorhees; treasurer, Geraldine Canava.

Illinois.—THE ILLINOIS STATE BOARD OF NURSE EXAMINERS will conduct an examination for the registration of graduate nurses in Chicago, January 17 and 18, 1917. Application blanks and information may be procured from the

secretary, Anna L. Tittman, R.N., Capitol Building, Springfield, Ill. **Chicago.**—Mrs. NELLIE McMILLEN, class of 1901, Illinois Training School, has accepted a position as social worker at the General Hospital, Saginaw, Mich. MARY REID TALCOTT has taken a position at the Watertown State Hospital, East Moline. FLORA BURGHDOFF is engaged in school nursing in Flint, Mich. EMMA SMITH is in charge of Ward 64 at the County Hospital. The Illinois Training School Alumnae Association celebrated its twenty-fifth anniversary at the Nurses' Home, on October 26. **Moline.**—DISTRICT NUMBER 8, of the Illinois State Association was entertained by District Number 5, on September 30. After luncheon was served, an automobile ride about the city, and a visit to the arsenal was enjoyed. At the afternoon session, addresses were made by Mary C. Wheeler, on The Benefit of the District Organisation to the Individual Nurse, and by Minnie H. Ahrens, on the Red Cross work she had been doing during the summer. Supper was served by the local chapter of King's Daughters, to sixty-seven nurses. Mrs. Barnhardt, the toast mistress, compared the nurses to a beautiful bouquet, and chose a few of the blossoms to respond to toasts. **Monmouth.** JANE V. CLEMENT, of Saratoga, N. Y., has accepted the position of assistant superintendent at Monmouth Hospital. **Evanston.**—THE EVANSTON NURSES' CLUB held a bazaar in October, at the home of Mrs. James A. Patten, and realized \$350 for the fund which is being raised toward the establishment of a registry and club house. MYRA BECK has accepted a position at the Country Home for Convalescent Children, at Prince Crossing.

Indiana.—THE INDIANA STATE NURSES' ASSOCIATION held its annual meeting October 8-10 at Indianapolis. The association was addressed by Dr. J. C. Carter, on the Care and Feeding of Infants. Agnes G. Deans was most helpful and inspiring in her interest in the affairs of the nurses of the state. The following officers were elected: president, Edith G. Willis, Good Samaritan Hospital, Vincennes; vice-president, Mary A. Meyers, Indianapolis; Gertrude Upjohn, La Fayette; secretary, Lora B. Roser, Rushville; treasurer, Belle Emden, Indianapolis. Lisbeth Heffner was appointed delegate to the convention of the American Nurses' Association. Sixty new members were admitted. The next meeting will be held in Crawfordsville. **Columbus.**—EDITH WELLER has resigned her position at Montesano, Wash., and accepted that of superintendent of Bartholomew County Hospital. The hospital is new and modern, has a capacity of 40 beds, and a training school will be established. Miss Weller will be missed in Washington, where she has taken an active part in nursing affairs.

Iowa: Des Moines.—THE REGISTERED NURSES' ASSOCIATION held its regular meeting on November 1, the president in the chair. Jessie Hall acted as secretary pro tem. After discussion, it was voted that a committee be appointed by the president to confer with the State Committee on Reorganization, Emma C. Wilson, chairman. The question of what the association should do in regard to the Day Nursery work at the State Fair Grounds, of which it has had charge for the past three years, was discussed. A committee, with Laura Chennell as chairman was appointed to confer with the State Agricultural Society. After the business was transacted the subject of Why Ask for Woman Suffrage was ably presented by Mrs. Frank Dodson. Seventeen nurses and two visitors were present at the meeting. Annie W. Goodrich was the guest of the association on November 11. Luncheon was served at Younker Brothers Tea Room, at which the members of the Executive Boards of the State and City Associations were present. This was followed by a conference lasting two hours, at which a num-

ber of local and visiting nurses were present. Much benefit was derived from the conference. A dinner at which Miss Goodrich was the guest of honor, was served in the private dining room of the Harris Emery store, the number present being confined to seventy-two nurses, because of limited space. An open meeting was held in the evening in the Auditorium of the Harris Emery store, and the address which Miss Goodrich made was inspiring and one long to be remembered, not only by the nurses present, but the public. Nurses from all over the state attended. THE DES MOINES GENERAL HOSPITAL has passed from the hands of the Board of Directors previously governing it into the possession of Dr. S. L. Taylor who has purchased the place. Dr. Ada Mack has resigned her position as superintendent and will go into private practice. Dr. Taylor will make a number of important improvements in the building. Miss Carmer has been retained as superintendent of the training school under the new management. NETTIE B. WILLARD, Wesley Hospital Training School, Chicago, has accepted the position of night superintendent at Iowa Methodist Hospital. The Registered Nurses' Association of Des Moines entertained at a Hallow'en costume party at the home of Edith M. Robinson, October 24. Fifty guests spent the early evening hours with games and ghost stories and a program of music and readings was given. Waterloo.—THE BLACK HAWK COUNTY REGISTERED NURSES ASSOCIATION held its October meeting at Sartori Hospital, Cedar Falls. Miss Slattery and her assistants, were the hostesses. A note of greeting was read from Mrs. Marcia Webster Quade from her ranch home in Montana. Matters of interest to the members were discussed. Seventeen nurses were present. Fairfield.—AMY BEERS has accepted the position of superintendent of the Jefferson County Hospital and assumed her duties September 1. Burlington.—MARGARET BISHOP, Burlington Hospital, has accepted a position as Metropolitan nurse, at Ottumwa. Dr. Gentles of Chicago, gave a First Aid lecture to physicians and nurses in Burlington Hospital Nurses' Home, November 10. Florence Skinner has accepted a position as surgical nurse in Niagara Falls Hospital, Niagara Falls, N. Y. Miss Skinner was formerly surgical nurse at Burlington Hospital. The vacancy created by her resignation has been filled by Ivy Kester, class 1916, Burlington Hospital. Ames.—THE MARY GREELEY MEMORIAL HOSPITAL was turned over to the city Sunday afternoon, September 24, by the donor, Captain William M. Greeley. The hospital is built in memory of his wife. At the time the deed was made over to the city, a check for \$3,000 accompanied it, this sum to go toward the equipment of the hospital which it is said, is to have no superior as to equipment and arrangement, according to its size, in the country. Catherine Diehl who filled the position of superintendent of the Iowa Methodist Hospital, Des Moines, for the past year, has been appointed as superintendent. Davenport.—MAUD DAWSON, St. Luke's Hospital Training School, has resigned her position at the Iowa Orphans' Home and is engaged in public health nursing in La Salle, Ill. Hildegard Anderson, class 1916, St. Luke's Hospital, has accepted a position at the Scott County Tubercular Hospital. Council Bluffs.—M. SIMMONS, class of 1907, Jennie Edmundson Memorial Hospital, is engaged in First Aid Work in Ludwig, Nev. THE JENNIE EDMUNDSON HOSPITAL ALUMNAE ASSOCIATION held its regular annual meeting November 5, and elected the following officers: president, Maud Rauch; vice-president, Augusta Mueller; secretary, Elisabeth Swingle; treasurer, Anna Thomson. A social hour followed. Iowa City.—MRS. HELEN MARKER of Oberlin, Ohio, has accepted the position as assistant superintendent of the State Univer-

sity Hospital Training School. BERTHA KAMPMEIER has resumed her duties as supervisor at the same school after completing a post graduate course in orthopedic nursing at the Children's Hospital in Boston.

Kansas.—THE KANSAS STATE BOARD of examination and registration of nurses will hold their next regular meeting and examination in Kansas City, Kansas, December 27-28, 1916, at the Grund Hotel. Mayme M. Conklin, R.N., secretary-treasurer.

Kentucky: Louisville.—THE CITY HOSPITAL which has a school of 82 students, has recently adopted the eight hour system of service, changes being made at 7 a.m. and 3 and 11 p.m.

Louisiana: New Orleans.—TOURO INFIRMARY ALUMNAE ASSOCIATION held a regular meeting October 25, in the nurses' home. Eleven new members were received, and officers elected as follows: president, Mrs. A. M. Caine; vice-president, L. Pritchard; recording secretary, L. Schlosser; corresponding secretary, K. Killelea; treasurer, Mrs. C. R. Elliott. C. LEHMANN, TOURO INFIRMARY, has been appointed to teach hygiene in the Normal School. SADIE R. CONNELL, Hotel Dieu Training School, has been appointed to a position at the Government Hospital at Spartansburg, S. C. Miss Connell has been for two years at the Baptist Orphanage, Jackson, Miss. CHARITY HOSPITAL has recently been placed under the supervision of Dr. W. S. Stafford, whose appointment as superintendent gives much pleasure to the large staff employed. Founded in 1833, the hospital is noted for its great work for the poor. Its affiliation with the University enables its patients to receive treatment from eminent specialists. Besides the specialists and visiting staff, there are 45 internes, 125 nurses, and 40 Sisters. METTA ELLIS, MAUD MIMMS, MARY LITTLE AND MARY KEEFE, Red Cross Nurses, have returned from service on the Border.

Maryland.—THE MARYLAND STATE ASSOCIATION held a regular meeting at Eudowood Sanatorium on October 10. In the absence of the president, Miss Nash presided. Routine business was transacted and Miss Bramley, the delegate to the convention of the American Nurses' Association gave a report which was interesting and inspiring. The Association was entertained by Miss Wilson, the superintendent of the hospital. **Baltimore.**—SARAH F. MARTIN, formerly chief of the Ten-Hour-Law for Women Bureau, has been made Executive Secretary of the Travelers' Aid Society, of Maryland. JOHNS HOPKINS ALUMNAE ASSOCIATION held its regular meeting October 20 at the Nurses' Club. Elsie F. Lawler spoke of the bill for a National Charter for the American Nurses' Association, now before Congress, and of the different problems of reorganization confronting state and alumnae associations. Much interest was shown by the large number present. THE UNIVERSITY OF MARYLAND NURSES ALUMNAE ASSOCIATION held its monthly meeting on November 7. Mrs. KNOTT, superintendent of the Nurses' Health Department of the city, addressed the meeting, telling of the aims and responsibilities of the association. DR. RICHARD CABOT, professor of medicine at Harvard, is giving four lectures under the auspices of the Social Service Society on the following subjects: Public Health Work in the United States; Industrial, Educational, Moral and Religious, and Governmental Aspects. The lectures are given in the Medical and Surgical Building. THE PUBLIC HEALTH NURSES' ASSOCIATION held its regular meeting at the Department of Health, October 16, when Dr. Frank Jones gave an interesting talk on Pelvicomyelitis, Its Symptoms and Care.

Massachusetts.—THE MASSACHUSETTS BOARD OF REGISTRATION OF NURSES will hold an examination for applicants for registration on Tuesday and Wednesday, January 9 and 10, 1917, at Boston, Mass. Application for any examination must be filed at least five days before the examination date. Walter P. Bowers, M.D., Secretary. THE MASSACHUSETTS STATE NURSES' ASSOCIATION held its annual meeting on November 11, with a large attendance. Anne Strong, director of the course in Public Health Nursing at Simmons College, spoke of the need of mature women for the work, and gave a statement of the necessary expense which she considered so low that almost any nurse could afford to take the course. Mary F. Beard gave an instructive talk on Industrial Insurance in its various forms. Members of the American Nurses' Association are on the Commission for Investigation. Compulsory measures are not usual in the United States, so it requires considerable energy to institute compulsory health insurance. Employers, employees, and the state, take part in it. An invitation was extended to nurses, by Mrs. Flash, superintendent of nurses of the Homeopathic Hospital, to attend a course of lectures in Preventive Medicine, at the Evans Institute. Esther Dart gave an admirable report of the proposed changes in the constitution of the American Nurses' Association, and of the need of a national charter to enable the association to accomplish its aims. A paper on the changes asked for in the State Registration Act, was read by Mary M. Riddle. The need of the appointment of a hospital visitor, or inspector, so that definite information may be filed, that inquiries from other states may be promptly answered, and hospitals be helped to a higher standard, was urged. The new bill was read by Melissa Cook. Miss Hollingsworth gave a résumé of the work done at the meeting of the Private Duty Nurses' League, held earlier in the day. The state association endorsed the application of the American Nurses' Association for a national charter. Officers were elected as follows: president, Sara E. Parsons; vice-presidents, Lucia L. Jaquith, Mary A. Meyers; recording secretary, Julia A. Smith; corresponding secretary, M. E. P. Davis; treasurer, Esther Dart. THE SUFFOLK BRANCH OF THE MASSACHUSETTS STATE ASSOCIATION held a meeting at the Central Directory on October 26. Ursula C. Noyes spoke on the National Service School, at Narragansett Pier. The secretary of the Suffolk County Branch is Ella C. Daley. THE HOSPITAL DIETITIAN section of the New England Home Economics Association held the first of a series of sectional meetings at the New England Hospital for Women and Children on October 26. Dr. Edith Hall Swift spoke on the Feeding of the Infant and Child. THE PETER BENT BRIGHAM HOSPITAL held its graduating exercises in the amphitheatre on October 19. Twenty-two nurses were awarded diplomas. Mary M. Riddle was the principal speaker. CARNEY HOSPITAL ALUMNAE ASSOCIATION gave a card and dancing party on October 27, the proceeds of which will be used toward the fund the association is collecting for an endowed bed for members. GRACE ARMSTRONG, Boothby Hospital, who has been in charge of the General Office of the Edison Electric Company, has been appointed assistant to the medical director at the Welfare Bureau of the company. She has been succeeded by Nora Morley, class of 1914, Massachusetts General Hospital. DR. HUGH CABOT, for three months head of the Harvard Unit in France, addressed a large audience in the rooms of the Special Aid Society for Preparedness, on October 13. In reference to nurses he said: "In the base hospitals they must be used in large numbers. In New England we could staff fifty such hospitals in a week. The usefulness of nurses depends on their ability to fit into an organization; to take

orders, act promptly and follow instructions carefully. The free-born American wants to argue, and with many, both men and women, this is an incurable disease." On October 18, Dr. Cabot spoke to the members of the Surgical Dressings Committee at the Peter Bent Brigham Hospital. Dr. Cabot may return to France. Cambridge.—CHARLESGATE HOSPITAL held its first graduating exercises at Riverbank Court on October 21. Dr. George Bates, of Tufts Medical College presided and presented the diplomas to ten nurses. Addresses were made by Rev. Frederic Heath and Rev. John Powers. A musical and literary program was well rendered, and a telegram to the graduates was received from the superintendent of the hospital, Anne Bradford, who is in the west. C. C. Macdonald is acting superintendent and M. E. Stewart is superintendent of nurses. THE BOSTON STATE HOSPITAL held its graduating exercises in the chapel on October 27, when diplomas were awarded to eighteen nurses by Henry LeFavour, Ph.D., LL.D. The address was given by M. E. P. Davis. THE BOSTON BRANCH OF THE GUILD OF ST. BARNABAS FOR NURSES held its first meeting of the season in Trinity Church, on October 25, with a large attendance. It was voted to meet on the second Tuesday of each month to work for the Alaska Mission, and on the other Tuesdays to resume making supplies for the French Hospitals. Among the supplies sent to Alaska in 1915-1916, were 142 articles of clothing. Rev. Frank Pitts spoke on Loyalty. THE BOSTON CITY HOSPITAL NURSES' CLUB has issued its program for the season which promises to be instructive and entertaining. At the November meeting Ursula C. Noyes spoke of the National Service School at Narragansett Pier, and in December Marion G. Parsons, lately returned from France, spoke. In January will be held the usual New Year's party; and in March, Mary F. Beard, Director of the Instructive District Nursing Association will speak. Other dates will be filled by committees from among the younger graduates. ON NOVEMBER 2, Mrs. John Hays Hammond, on behalf of the Militia of Mercy presented the mayor of Boston with a motor ambulance, for the use and benefit of poliomyelitis patients. The mayor delivered the ambulance to the custody of Ursula C. Noyes, superintendent of nurses at the contagious department of the City Hospital. The Militia of Mercy will pay \$300 per month for the upkeep of the ambulance. THE CITY HOSPITAL has opened a well-equipped maternity ward, with rooms for eclamptic or septic cases. It is expected that this department will grow so that students may obtain their obstetric training in their own school. Worcester.—MYRTLE GARRISON, supervisor of nurses at the Worcester State Hospital, is in the City Hospital, in a dangerous condition as the result of being injured by a motor truck. THE BOSTON NURSES' CLUB has been greatly inconvenienced by the failure of its plans to move to 1126 Boylston Street. Owing to the stringency of the city fire laws, and the precautions guarding the alterations of a business building into a residence for a large number of women, it has been found impossible to make necessary changes, and the club will therefore remain at 839 Boylston Street until such a time as a suitable building can be erected. JESSIE CATTON, class of 1900, Boston City Hospital has been appointed on the Commission for the Care of the Blind. Tewksbury.—THE STATE INFIRMARY TRAINING SCHOOL FOR NURSES held its graduating exercises at the Infirmary on September 26. Addresses were made by Dr. Leonard Huntress and Dr. Henry C. Hall. Beatrice E. Beamer was valedictorian. Diplomas were awarded by Mrs. Charles R. Talbot, and school pins by Dr. George A. Pierce. A reception followed. THE MASSACHUSETTS STATE HOSPITAL ALUMNAE ASSOCIATION held its annual meeting

September 26, and elected the following officers: president, Mrs. Helen Keller; vice-president, Mrs. Eleanor Dewing; corresponding secretary, Mrs. Christine G. Willoughby; recording secretary, Katherine Hickey; treasurer, Helen Walsh. **Newton.**—The vacancy in the Newton Hospital, caused by the resignation of Bertha Allen, assistant superintendent, has been filled by the appointment of Miss Marsh, a graduate of the school. **Chelsea.**—LOUISE BENNETT, class of 1900, Boston City Hospital, who was one of the first unit sent over by the Red Cross, has been appointed on the staff of the United Naval Hospital, Chelsea.

Michigan: Grand Rapids.—BUTTERWORTH HOSPITAL ALUMNAE ASSOCIATION held a meeting November 1, at the home of Inez Mosher, when nine new members were accepted. The business meeting was followed by a Hallow'en party, thirty-five guests being present.

Minnesota.—THE MINNESOTA STATE GRADUATE NURSES ASSOCIATION held its annual meeting in St. Paul, October 10. Minnie F. Patterson, of Minneapolis was elected president, with a board of eight directors, from which the other officers are elected by the Executive Board. After a clear and interesting explanation of the proposed revision of the constitution of the American Nurses' Association, and much discussion, it was voted to appoint a revision committee. A contribution was made to the Nurses' Relief Fund for a special purpose, and the question of forming a State Committee was referred to the Executive Board. On October 24, Jane A. Delano met the enrolled Red Cross nurses at the City Hospital, Minneapolis, in the afternoon, and gave a most interesting talk. The evening meeting was held in the Little Theatre on the University Campus, where a full house greeted her. The senior nurses from all the training schools had been invited, also the public. In spite of a rainy night the house was filled. Several members of the Local Red Cross Chapter of Minneapolis were present. Miss Delano urged closer cooperation between the Chapters and the Nurse Committees. Karl DeLaittre, Chairman of the Local Chapter also spoke. Miss Delano's visit will be an inspiration to all nurses in the vicinity and it will stimulate to greater activity in the work of the Red Cross. **Brainerd.**—THE NORTHERN PACIFIC BENEFICIAL ASSOCIATION TRAINING SCHOOL ALUMNAE ASSOCIATION held its ninth annual meeting on October 14, at the nurses' home, and elected the following officers: president, Mrs. Angela Boleyn; vice-presidents, Mrs. Kate Morgan, Georgina Messier; secretary-treasurer, Norma Diesen, 1023 1st, Avenue North, Fargo, N. D. **Anoka.**—THERESA ERICSON, after a long absence in California, has accepted a position as school nurse. Miss Erickson was formerly actively interested in nursing affairs in Minnesota.

Mississippi: THE MISSISSIPPI STATE ASSOCIATION OF GRADUATE NURSES held its sixth annual meeting at Natchez, October 30-31. At the morning session routine business was transacted. At the afternoon session, following the president's address, reports from county associations, and from the delegates to the convention of the American Nurses' Association, and the Federation of Women's Clubs were received. Rose Keating read a paper on Improvising in the Home, and Mrs. Charles Bauer read one on Contagion in the Home. Both were followed by discussion. The evening session was opened with prayer by Rev. Joseph Kuehnle. In the absence of Mayor W. G. Benbrook, the address of welcome was made by Judge W. C. Martin. Jane C. Bright gave the response. Dr. J. S. Ullman gave an address on What the Nursing Profession Can Do to Maintain Educational Standards. Papers were read by Anna Stuckmeyer and Esther Mitchell, Dr. Charles F. Boger gave an address on Oral Cleanliness. One of the

most interesting papers was that of Natalie H. Schoettl who described conditions as seen by a nurse while on Red Cross Service abroad. At the next session, held October 31, revision of the by-laws was considered, and later automobile trips to points of interest in and around the city, were enjoyed by the nurses. At the afternoon session, beside routine business, Catherine Kent read a paper on Nursing Children. The program of the evening opened with prayer by Rabbi Israel Sarasohn. Mr. George Healy told in an entertaining manner of what he knew about nurses, mentioning particularly Chickamauga, during the Spanish-American war and the yellow fever period in Natches. Mr. Healy closed with a high tribute to nurses. Dr. Charles Hatfield of New York, executive secretary of the National Association for the Prevention of Tuberculosis gave an interesting address. Dr. M. F. Wilson gave an illustrated lecture on Biological Products with Particular Reference to Anti-toxins, both lectures being of particular interest to the members of the laity, who had accepted the invitation to attend the meeting, as well as to the nurses. During the evening Mary H. Trigg, president of the association, spoke of the high esteem in which Leola Steele is held by the nurses of the state, and of the influence which Miss Steele has had in raising the standard of the profession. She is leaving the state for a course of graduate work. The following officers were elected: president, Mary H. Trigg, Greenville; vice presidents, Alice Mellow, Meriden; Kathleen Russell, Greenwood; Esther Mitchell, Vicksburg; Mrs. Maud E. Varnado, Hattiesburg; Osella Thomas, Boonville; secretary, Jennie M. Quinn, Hattiesburg; treasurer, Jane P. Cox, Natches.

Missouri: THE MISSOURI STATE BOARD FOR THE EXAMINATION AND REGISTRATION OF NURSES will hold the next State Board Examination as follows: in St. Louis at the Planters Hotel, Tuesday and Wednesday, January 23 and 24, 1917. In Kansas City at the Coates House, Thursday and Friday, January 25 and 26, 1917. THE MISSOURI STATE NURSES' ASSOCIATION held its annual meeting at the Coates House, Kansas City, October 18-20. The morning session was opened with prayer by Rev. W. S. Abernethy, D.D. The address of welcome was given by Mayor George H. Edwards, the response by Margaret McKinley. Interesting reports from the Standing Committees were read, and other routine business transacted. The president's address followed. At the afternoon session, M. Anna Barr, chairman of the committee on the revision of the by-laws, gave a report which was followed by a discussion, ably led by Agnes G. Deans, of Detroit, Michigan. Reports were received from affiliated alumnae societies, city and county societies, and from central registries. The report of the delegate to the convention of the American Nurses' Association was given, and the delegate to the next convention elected. The Red Cross Meeting held in the evening, was most enthusiastic, Cornelia E. Seelye, chairman of the State Red Cross Committee, presiding. Reports from state and local committees, and that of Missouri's first and only Town and Country Nurse, were read. A demonstration of First Aid was given by Kansas City Boy Scouts. A delegate to the National Red Cross annual meeting was elected. Thursday morning's session was devoted to Public Health nursing, and presided over by Emma Habernicht. Papers were read by Mrs. Elisabeth Keller and M. Anna Barr; Agnes G. Deans gave an informal address. Interesting reports were given of tuberculosis work at Jasper County, of work in county almshouses, of hospital social service and of industrial nursing. The afternoon was spent in recreation as the guests of the Kansas City nurses. The evening session was spent in a discussion of legisla-

tive problems. M. Anna Gillis, president of the State Board of Nurse Examiners, presiding. On Friday morning a State League of Nursing Education was formed, with the following officers: president, Frances Shouse; vice president, Charlotte Forrester; treasurer, Anna Gillis; secretary, Margaret McKinley. Julia Stimson gave a report of the American Society for the Control of Cancer. The Private Duty Nurses' Session occupied the afternoon of Friday. A paper was read by Dr. Ernest Robinson, on A Private Nurse from a Surgeon's Standpoint, and was followed by discussion. Eunice Custer read a paper on Infantile Paralysis, discussion being led by Lorena Hales. Other papers were, Caloric Diet for Private Patients, Edith Dangerfield; A Year's Work, Mary Marksman; Organization, Mary Weiss; and Wanderlust and the Private Duty Nurse, Lulu G. Bender. The session closed with a free discussion of Twelve Hour Duty in Hospitals and The Adoption of a "Uniform Uniform." Round Table Conferences were held Friday evening, and general business transacted. Officers were elected as follows: president, L. Eleanor Keely; vice presidents, E. A. Doran, Ida J. Ruffer; secretary, Etta L. Gowdy; treasurer, Janette Flanagan. Opportunity for social intercourse was afforded by a theatre party, a tea at the Muehlebach Hotel, a luncheon of the Red Cross Committee at the Coates House, for visitors, and a dinner given by the superintendents, to visitors. The next meeting will be held in Joplin.

St. Louis.—SELMA MAXVILLE, class of 1916, Missouri Baptist Sanitarium, sailed for Burma, India, as a missionary, on October 10. Miss Maxville will have charge of a maternity hospital, which will be built during the year. Ma Hla Yin, class of 1917, a native of Burma, will sail in May, to assist Miss Maxville in the hospital. Kansas City.—THE KANSAS CITY GRADUATE NURSES' ASSOCIATION held its regular monthly meeting on November 1, at the Club House with an attendance of fifty. Good reports of the various sections of the state meetings held in October were presented. After routine business, Mr. Lindholm, of New York, gave an interesting talk on Municipal Research. The association was entertained by the St. Luke's Hospital Alumnae.

Nebraska: Omaha.—RENEE MCKENSIE, Methodist Hospital, has resigned her position as head nurse at the Child Saving Institute, and is taking a rest at her home in Sioux City, Ia. She has been succeeded by Mary Finger, Lord Lister Hospital. THE LORD LISTER HOSPITAL ALUMNAE ASSOCIATION has issued small bags, with the request that each member contribute birthday pennies, in order to increase the amount in the treasury. THE NURSES' CENTRAL CLUB AND REGISTRY held its annual meeting, at the Club House, on October 31, and the business session was followed by a Hallow'en party. Hastings.—THE MARY LANNING MEMORIAL HOSPITAL has built a new nurses' home, which will soon be ready for occupancy. The hospital is to have a new maternity building also.

New Hampshire: Portsmouth.—SYBIL SMITH, assistant superintendent of the Portsmouth Hospital has resigned to take a position as superintendent of nurses at the Samaritan Hospital, Sioux City, Iowa. Celia McCarthy, Framingham Hospital, will succeed her.

New Jersey: THE NEW JERSEY STATE NURSES' ASSOCIATION held its ninth semi-annual meeting in the State Normal School, at Trenton, on November 7. The meeting, which was preceded by a meeting of the Board of Directors, was called to order by the president, Mary E. Rockhill. The address of welcome was made by F. L. Scarborough, president of the Mercer Hospital Alumnae. Among the reports given by the respective chairmen of committees, was that

of Anna Bonkowski, of Elisabeth, chairman of the Public Health Committee, which was most enthusiastically received. The morning session closed with a helpful and interesting address by William Knowlton, M.D., on Poliomyelitis. Luncheon was prepared and attractively served by the pupils of the Domestic Science Class of the State Normal School. The afternoon session opened with an address on Epilepsy, by Dr. David Weeks. Jennie Shaw, secretary of the State Board of Nurse Examiners, gave a report showing that of 36 candidates for registration, but 19 received certificates, a deplorably low percentage, leading one to suppose that the educational standard is too low, or instruction is inadequate. The State Chairman of the Red Cross Committee, Helen Stephen, read her report showing that a Unit of ten nurses had been sent to Texas for service in the hospitals on the Border. Miss Stephen was elected delegate to the annual meeting of the Red Cross, to be held in Washington, December 13, with Elisabeth Higbid as alternate. Agnes Maxwell Keane and Flora Moore gave reports of the annual meetings of the Federation of Women's Clubs. The president, as delegate to the convention of the American Nurses' Association, gave a report which was warmly received, and appreciated. The question of the revision of the American Nurses' Association was discussed at length and it was decided to instruct the secretary to write to each member of the District Committee of the House of Representatives requesting him to favor the passage of Senate bill Number 6667. The next meeting will be held on April 3, at the Young Women's Christian Association Building, Newark, on the invitation of the alumnae association of the Homeopathic Hospital of Essex County. Hackensack.—THE HACKENSACK HOSPITAL ALUMNAE ASSOCIATION held its twelfth annual meeting in the Assembly Room of the hospital on November 6, when Dr. Hallett gave an interesting address on poliomyelitis. The following officers were elected: president, Irene Brewster; vice president, Anna Scott; secretary, Edna Allen; assistant secretary, Lila Henry; treasurer, K. McLeod. Directors, Miss Crum and Mrs. Swayse. THE NEW JERSEY STATE ORGANIZATION FOR PUBLIC HEALTH NURSING held a regular meeting in the auditorium of the La Monte Public School, at Bound Brook, on October 28, with an attendance of thirty. The meeting was called to order by the president, d'Arcy Stephen. In the absence of the secretary, Helen Forbes, who is taking a course in Philadelphia, Mrs. L. J. Gemmell was appointed secretary pro tem. The treasurer reported a balance on hand of \$47. Five new members, and one associate were admitted to membership. The president gave a brief greeting, asking for coöperation. The need of a field secretary was urged by Mrs. C. M. Heilman, who proposed that dues from associate and sustaining members be set aside to accumulate toward a salary for such a secretary. A valuable and interesting address was made on Civic Opportunities of the Industrial Nurse, by Elisabeth A. Burns, of the L. H. Ladew tannery, Newark, who thoroughly knew her subject. The Social Committee from Newark reported a well-attended meeting of near-by nurses, in October. Suggestions for amendments to the by-laws were received, and will be considered at a future date. The next meeting will be held in Orange, in January. Orange.—THE ORANGE TRAINING SCHOOL ALUMNAE ASSOCIATION held its regular meeting on November 1, at the home of Annie Curry. A paper on the Nurse in Social Service Work was read by Mrs. Pease, assistant probationer officer in Newark. Officers were elected as follows: president, Martha Moore; vice presidents, Annie Curry, Edith Cooke; secretary, Lily A. Heward; treasurer, Mrs. E. G. Roff, 86 Day Street, Orange. THE ORANGE

BRANCH OF THE GUILD OF ST. BARNABAS FOR NURSES, held a sale of plain and fancy articles, together with a supper, at Grace Church Parish House, on November 9. It is thought that at least \$350 was realized, and this is considered very satisfactory. The object of the sale was to add to the "Emergency Relief Fund" which has been taken up as the work of the Branch and is to go beyond what has been accomplished by the "Sick Relief Fund" which is in a most flourishing condition, but which cannot extend its benefactions beyond the limits of its charter. The Emergency Fund will take the form of gifts or loans as the case may be, where the need is greatest. Montclair.—MOUNTAIN-SIDE HOSPITAL ALUMNAE ASSOCIATION held its tenth annual meeting at the Nurses' Club, October 18. The following officers were elected: president, Ida Still; vice presidents, May Willer, Alice Guthrie; corresponding secretary, Josephine Trippett; recording secretary, Anna Speicher; treasurer, Mrs. E. Wilson.

NEW YORK: THE NEW YORK STATE NURSES' ASSOCIATION held its fifteenth annual convention at the Hotel Iroquois, Buffalo, October 18, 19 and 20. Mrs. Hugh Reid Jack, the president, called the meeting to order on the morning of the 18th, when the invocation was pronounced by Dr. S. V. V. Holmes. In the absence of the mayor of the city, the address of welcome was given by Dr. Francis E. Fronczak, Health Commissioner. On behalf of the women of Buffalo, Mrs. Charles Rohlf, better known as Anna Katherine Green, cordially welcomed the members. The response to these addresses was given by Annie W. Goodrich. Five organizations and nine individual applicants were accepted as members. The remainder of the morning was devoted to reports from standing and special committees and delegates. Many of these were most interesting, especially the report of the State Inspector of Nurse Training Schools and also the report from the Convention in New Orleans. The interval between the morning and afternoon sessions, as well as all available time between other sessions, was devoted to round table discussions on various aspects of public health work. At the afternoon session on Wednesday, the members had the pleasure of listening to a splendid paper by Anna C. Maxwell on The Private Nurse and Twenty-Four Hour Hospital Duty. The discussion of this paper was by Mary L. Keith of Rochester for the hospitals and Alice Wallace for the private nurse. Following Miss Maxwell's paper, Dr. Clarence L. Hyde spoke of the Rollier Treatment for Tuberculosis and showed interesting views of the little patients taking the treatment. The evening was taken up by a presentation of the bill for state registration of nurses. Mrs. Stevenson, chairman of the Committee on Legislation gave a splendid report of the work done during the year, and a number of prominent medical men of Buffalo spoke on behalf of the bill. A most delightful reception for the visitors and delegates, arranged by the Buffalo nurses' associations, followed. During the Thursday morning session came a most interesting talk on The Relation of the Nurse to Mouth Hygiene by J. Wright Beach, D.D.S. of Buffalo, and a fine address on Cancer, by Dr. H. R. Gaylord, Director State Institute for the Study of Malignant Diseases. Dr. Gaylord presented many new and interesting discoveries regarding this dread disease. The discussion following Dr. Gaylord's address brought forth many and varied questions which he answered in a masterly manner. A much enjoyed feature of the afternoon session was the Question Box. A number of questions were taken up and freely discussed. An automobile drive around the city, followed by tea at the Country Club, came as a welcome diversion at the close of the afternoon session. The Red Cross Mass Meeting on Thursday evening in the

Henderson High School was very well attended in spite of the bad weather. The addresses of the evening were given by Jane A. Delano, Chairman of the National Committee on Red Cross Nursing Service, and Col. Jefferson R. Kean, Director General Medical Corps U. S. Army. The Friday morning session was devoted to unfinished business, when the following resolution was unanimously adopted: "That the Executive Committee together with the Legislative Committee be empowered to have the amendment to the Nurse Practice Act presented to the Legislature of 1917 by the Regents of the University of the State of New York in the form in which it passed the Senate of 1916, unless subsequent events indicate that it is advisable to withdraw or amend this bill." At this session, also, the Association voted to accept the invitation to hold the convention of 1917 in Binghamton. The report of the tellers showed the following officers elected: president, Mrs. Hugh Reid Jack of New York; vice president, Mrs. C. G. Stevenson of Brooklyn; treasurer, Louise Sherwood of Syracuse; secretary, Beatrice M. Bamber of New York; trustee for three years, Annie W. Goodrich of New York; executive committee E. E. Golding and Mrs. C. V. Twiss of New York, Julia Littlefield of Albany; Candidates for the Board of Nurse Examiners, Jane Elizabeth Hitchcock of New York and Jessica Heal of Rochester. THE NEW YORK STATE LEAGUE OF NURSING EDUCATION held its meetings on October 17, the day preceding the convention of the State Association, Miss Littlefield, the president, was in the chair at both sessions. Very interesting reports were presented and the following papers were enjoyed: How Best to Secure Uniformity of Training from an Examiner's Standpoint, Jane E. Hitchcock; The Teaching of Household Economy in the Training School, Linette A. Parker; The Teaching of Nursing Ethics, Caroline E. Gray; Scholastic Requirements for Nurses Entering Training Schools, Charles L. Mache. The officers elected were: president, Caroline E. Gray; vice president, Julia A. Littlefield; secretary, Adele Poston; treasurer, Eunice A. Smith. The Public Health Nurses elected Mrs. Hansen as president for the coming year. New York City.—THE NEW YORK CITY LEAGUE FOR NURSING EDUCATION held its regular monthly meeting at the Nurses Home, Mount Sinai Hospital on the evening of November 1, Miss Greener presided, with about ninety members present. The business portion of the meeting was curtailed as much as possible in order to proceed with the program. The first speaker, Anna C. Maxwell gave a very interesting talk on her recent trip to the War Zone. She spoke enthusiastically of the endurance of the French and their utter forgetfulness of self, also of the wonderful plastic surgery being performed in the French hospitals. In London at the Canadian Hospital their party witnessed the ceremony of conferring medals and orders for various deeds of heroism. In Belgium strict economy was most marked, every article being put to use. Here they were presented to the Queen of Belgium who was assisting in the hospital. Miss Maxwell in detail, described the American Ambulance train recently donated and also reported that the food, while simple, appeared to be plentiful. The greatest need, particularly in France and Belgium seems to be surgical supplies. An unexpected guest was Sir Henry Burdette whose recollection dates back to 1868 when he commenced his labors in the interest of the sick. His last visit to this country was eleven years ago and he was greatly impressed by the progress of the nursing profession in the last decade. Clara D. Noyes spoke of the training of the volunteer nurses' aids who might be used in the base hospitals and of the desire of the Red Cross to give this training to groups of women who require the instruction for use in their homes. The Ameri-

can Red Cross conducts three courses of instruction: A, Elementary hygiene and home care of the sick; B, home dietetics; C, preparation of surgical dressings. They also provide that 72 hours annually of practical training be given in the base hospitals, 3 hours per day, consecutively, Sundays excepted. The character of this work is very elementary and simple and under strict supervision. An enthusiastic tribute was paid to Jane A. Delano for her magnificent work. Mrs. Draper told of the Red Cross nursing center which has been established at 3 East 56th Street, and extended a cordial invitation to visit it. Miss Farley, director of teaching, at this center, stated that at present they are giving instructions to 86 women, 16 classes being given weekly. Miss Parsons related her experience with the nurse aids in the wards of the hospital and stated that the experiment had been very satisfactory. THE ROOSEVELT HOSPITAL ALUMNAE ASSOCIATION entertained the County Nurses' Association in the Club Rooms of the New Central Club for Nurses on October 2. Elizabeth E. Golding presided over the meeting. Anna C. Maxwell gave an interesting account of her trip to the War Zone. Routine business was transacted. Keen appreciation of the advantages of the new club rooms was expressed, in that they are easy of access, the assembly and reception rooms are convenient for either small or large meetings, and the cordiality of those in charge makes all feel at home. Refreshments were served to 170 guests after the meeting adjourned. THE CITY HOSPITAL SCHOOL OF NURSING, held its graduating exercises on November 9, at the Nurses' Home, Blackwell's Island. St. LUKE'S ALUMNAE ASSOCIATION held its regular meeting in the Vanderbilt Pavilion on October 3, with 43 members present. The association has issued in its *Bulletin* an interesting statement of the condition of the association, from the standpoint of the interest and willingness to work as shown by the members. The question of the advisability of disbanding has been presented, or, if not agreed to, the adoption of vigorous measures for the society's rejuvenation. E. MILDRED DAVIS, supervisor of nurses at the Knickerbocker Hospital, has accepted a position as dean of the Mississippi State Charity Hospital Training School, at Vicksburg. Binghamton.—THE BROOME COUNTY GRADUATE NURSES ASSOCIATION held its monthly meeting October 5 at the Binghamton City Hospital Nurses' Home, Theodora H. Le Febvre presided. Three delegates were appointed to the New York State Convention. After the regular meeting Dr. Chittenden gave a very interesting talk on "Technique of Bone Transplantation." Rochester.—THE MONROE COUNTY REGISTERED NURSES' ASSOCIATION at its October meeting had the privilege of listening to Dr. Goler on the subject of Infantile Paralysis and Other Contagious Diseases. In early November, Dr. John M. Swan gave a talk to the Red Cross nurses of the city on Base Hospitals.

North Carolina: Asheville.—MARY L. WYCHE has resigned her position at the Henderson Hospital and will devote her time to general nursing interests in the state. Miss Wyche was the chief factor in establishing the State Association and was its first president. "DUNN WYCHE," the beautiful home for invalid nurses, is, through the untiring effort of Birdie Dunn, out of debt, but on account of the low charges for board and intelligent care, is not yet self-supporting. PEARL M. WEAVER, University of Maryland Hospital, has been appointed school nurse, and two other public health nurses are engaged in the work of the city, one under the Associated Charities and the other by the Metropolitan Life Insurance Company. S. H. CABANISS, who has been engaged in public health nursing in Florida is now doing state public health work in North Carolina with

headquarters at Sanatorium. Miss Cabanis is missed in St. Augustine where, by her efforts, the playground work was forwarded.

NORTH DAKOTA: THE NORTH DAKOTA STATE NURSES ASSOCIATION held its Executive Board meeting at the McKensie Hotel, Bismarck, on October 17-18. All members were present, and fifteen new members were received into the association. THE STATE BOARD OF NURSE EXAMINERS held a business meeting on October 19-21. It was reported that 300 nurses have registered under the waiver, which expires December 31, 1916. **Bismarck.**—Alma Dieson, superintendent of nurses of the Deaconess Hospital, Grand Forks, has resigned her position and will do post graduate work. Mary Fredrickson, has been appointed to fill the vacancy. Elisabeth Herman, head nurse at the Bismarck Hospital, Bismarck, has resigned to do private work. Lillian Frankhauser, is her successor. Mabel Anton, Evangelical Deaconess Hospital, Chicago, Ill., has been appointed assistant superintendent at the Bismarck Hospital. Josephine Stennes, superintendent of Rugby Hospital, Rugby, has been given one year leave of absence. Miss Stennes will do post graduate work. Mrs. Bondahl, superintendent of nurses of St. Luke's Hospital, Fargo, has returned to her duties after doing post graduate work during the summer.

Ohio: THE NURSES' EXAMINING COMMITTEE OF THE STATE MEDICAL BOARD OF OHIO will hold examination for graduate nurses on December 13 and 14, 1916 in the State House, Columbus, Ohio. Applications should be filed at least ten days prior to December 13, 1916. Information and application blanks may be obtained of the Secretary, Geo. H. Matson, M.D., State Medical Board, State House, Columbus, Ohio. **Cleveland.**—THE CLEVELAND LEAGUE OF NURSING EDUCATION held a meeting on November 9, when an address was given by president Thwing, of Western Reserve University, whose topic was the Higher Education for Nurses. President Thwing said, in part: That "students entering the nursing profession should have not only a high school but a college education. This is necessary in order to have a proper foundation, a breadth of vision, a mind well stored with serious thought and one well disciplined with thinking." He made a strong plea for better instruction and better equipment for teaching. The educational work in the training schools is sacrificed in order that the demands of the hospitals may be met. These schools should be conducted as other educational institutions. President Thwing recommended having affiliations with universities which would assure better facilities for carrying on the work. THE CLEVELAND GENERAL AND ST. LUKE'S HOSPITAL ALUMNAE ASSOCIATION held an annual meeting on October 5, when the following officers were elected: president, Mrs. A. R. Askue; recording secretary, Florence Overhalt; corresponding secretary, Mrs. E. C. Konrad; treasurer, A. R. Graves. Mrs. C. J. Morgan was elected honorary president in appreciation of her untiring efforts in aid of the association, although unable to attend meetings. The treasurer reported a balance of \$560 in the general fund, and \$1250 in the Endowed Bed Fund. THE AMERICAN JOURNAL OF NURSING is to be used in the hospital as a text-book during the year. The association has arranged for a fine course of lectures during the winter. At a reception held at the Hospital Club Rooms on September 27, about 60 members were present. ST. VINCENT'S CHARITY HOSPITAL held its graduating exercises in the hospital building on September 27, when thirteen nurses received diplomas presented by Rt. Rev. John P. Farrelly, D.D. Marie D'Errico was valedictorian. **Hamilton.**—MERCY HOSPITAL held its graduating exercises in the St. Stephen Hall, October 18, when twelve nurses

received diplomas and medals, presented by Dr. E. C. Sill. Addresses were made by Mr. E. G. Ruder and Rev. Bernard Kuhlman, D.D. MERCY HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on October 19 and elected the following officers: president, Mary Clinch, Cincinnati; vice president, Beatrice Gaffney, Springfield; secretary, Antoinette Droegge, Covington, Ky.; treasurer, Kathline Connell, Hamilton. In the evening the association held its third annual banquet, with the class of 1916 as guests.

Oklahoma: THE OKLAHOMA NURSES' BOARD OF EXAMINERS has issued a list of its registered nurses, and also a copy of the rules governing the examination and registration of nurses. Recommendations for the guidance of training schools and a copy of the minimum curriculum is included. The board of examiners is composed of the following nurses: president, Lucy C. Maguire; secretary, Mabel Garrison; Marjorie Morrison, Ida Ferguson and Luella Soliday.

Oregon: Portland.—GOOD SAMARITAN HOSPITAL ALUMNAE ASSOCIATION recently gave a reception to Rebecca M. Jolly, superintendent of the hospital, who has resigned to take a needed rest at her home in Oscola Mills, Pa. Miss Jolly founded the alumnae association, and has always been interested in the nursing affairs of the state, being a member and active worker of the state nurses association. She is a graduate of the Episcopal Hospital, Philadelphia.

Pennsylvania: Philadelphia.—HAHNEMANN HOSPITAL ALUMNAE ASSOCIATION entertained the graduating class of 1916 at luncheon on November 9, when fifteen classes were represented. Miss McCracken addressed the class and spoke of her work in the war zone. The opening addresses were made by Miss Rommel, and the president of the class, Miss Mattes, responded. The Association held its regular meeting on November 7, when two new members were received. Dr. A. Koenderfer, Sr., spoke of The Nurse as a Dietitian. FRANKFORD HOSPITAL ALUMNAE ASSOCIATION, at a recent meeting, elected the following officers: president, Anna L. Slater; vice president, Elizabeth Wallace; secretary, Edith H. Shaw, Frankford Hospital; treasurer, Carrie Woltemate, 3310 Ella Street, Philadelphia. South Bethlehem.—ST. LUKE'S HOSPITAL ALUMNAE ASSOCIATION held its annual meeting in the nurses' home, on October 18, with a large number present. The meeting was very interesting. It was decided to give an alumnae prize annually to the pupil nurse attaining the highest honors in the school. The members of the graduating class were admitted into the society. The report of Miss Brown, secretary and treasurer of the Alumnae Bed Fund was very satisfactory, the amount having reached \$2704.38. Election of officers followed: president, Martha Berrine; vice-president Louise Schuchholz; secretary and treasurer, Helen D. McDaniels; corresponding secretary, Carolyn Seultorpe. Marie Brown represented the hospital at the State Nurses Association in Pittsburgh. Pittsburgh.—THE PRESBYTERIAN HOSPITAL ALUMNAE ASSOCIATION held its regular meeting at the nurses' home, on November 6. Announcement was made that Anne MacAuley has been appointed as a Volunteer Canadian Red Cross nurse, and will probably serve in France. MERCY HOSPITAL ALUMNAE ASSOCIATION held its annual dance and card party at the William Penn Hotel on November 8, having for guests many nurses from different parts of the state who were attending the State Nurses' Association meetings, held during the week. Harrisburg.—THE HARRISBURG HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on November 1. There was a large attendance, and officers were elected.

Rhode Island: Providence.—THE RHODE ISLAND HOSPITAL NURSES ALUMNAE ASSOCIATION celebrated its twentieth anniversary on October 31. Ednah S. Moore, the president, being absent, the vice president Mrs. Clinton S. Westcott presided. A short history of the alumnae association was given by Elizabeth F. Sherman, one of the oldest members. Letters were read from many absent members. At the roll call the members responded, by saying in what branch of work they are now engaged. Mrs. Westcott presented to the training school from the alumnae a silver coffee pot, to go with the silver service previously presented. Miss Lord, the superintendent, took the gift from the hands of Sallie S. Irish, the first graduate of the school, and expressed very graciously the thanks of the training school for the addition to the service. A masquerade followed with a prize for the best costume. Refreshments, dancing and a social time followed. Many old and young graduates were present. THE RHODE ISLAND LEAGUE OF NURSING EDUCATION met at the Crawford Allen Hospital, East Greenwich, a branch of the Rhode Island Hospital. Plans were made for the annual meeting in January. There was good attendance. Emma Dunn, in charge of the Crawford Allen Hospital was hostess. THE GUILD OF ST. BARNABAS FOR NURSES met at St. Stephen's Church, on November 2. Dr. Fiske said office and made an address appropriate to the season, All Saints. At the close of the service, Mrs. Hoppin gave a fine account of the Triennial Convention at St. Louis; speaking of the need expressed at that meeting over and over again for nurses for the Mission Field. A series of four lectures to nurses is being given under the auspices of the Guild, by the Rev. E. R. Noel, designed to help nurses to answer questions which may be asked them by their patients in regard to faith and morals. Much interest was shown in the first lecture given. At THE ANNUAL MEETING of the Rhode Island Hospital held on November 8, very interesting reports of the work and progress of that institution were read, showing the great growth and development of the work since it was begun and especially since the present superintendent Dr. John M. Peters took charge. Helen S. Grieve has resigned as House Mother at the Nurses Home, Rhode Island Hospital, and her place has been filled by Mrs. Pillsbury of Brookline, Mass.

Texas: Galveston.—EDNA MONROE, John Sealy Hospital, has been appointed supervisor of University Hall and assistant instructor of nursing at the hospital. THE TEXAS SCHOOL OF CIVICS AND PHILANTHROPY is about to open a course which should prove of great interest to nurses, especially those connected with or desirous of doing social service work. Prominent lecturers have been engaged, and the course as outlined embraces many subjects of special and general interest. **College Station.**—The new \$50,000 hospital for the Agricultural and Mechanical College has been accepted, and the equipment removed from the old to the new building. Zella English is the nurse in charge of the hospital, with one assistant nurse.

Utah: Salt Lake City.—THE SALT LAKE CITY GRADUATE NURSES' ASSOCIATION held its annual meeting on October 9. Plans for disbanding the association were discussed. Most of the nurses present were in favor, but as the Registry is under the management of the City Association it was thought best to leave the decision until a conference with the State Association could be held. This conference was held on October 16, and the City Association decided to disband, and join the State Association. The State Association will appoint a committee to take charge of the Registry. A bill for State Registration was read and freely discussed. A few alterations were made, and the bill will be laid before the next legislature.

West Virginia: Wheeling.—THE OHIO VALLEY GENERAL HOSPITAL provided an emergency ward, and free rest room at the State Fair, held in September, where any sick were gladly cared for and babies were kept for the mothers. A number of minor emergencies were taken care of by the alumnae of the hospital.

Wisconsin: THE COMMITTEE OF EXAMINERS OF REGISTERED NURSES will hold an examination for state registration in Madison, January 9-10, 1917. All applications should be on file before January 1. Anna J. Haswell, R.N., Secretary of Committee of Examiners.

BIRTHS

On October 14, at Tampa, Fla., a son, Joseph Edward, to Mr. and Mrs. J. B. Brennan. Mrs. Brennan was Martha Grimm, class of 1909, St. Joseph's Hospital, Hot Springs, Ark.

On August 16, at Phoenix, Ariz., a daughter, to Mr. and Mrs. C. J. Bryant. Mrs. Bryant was Maizie Bean, class of 1907, Illinois Training School for Nurses, Chicago.

On November 7, at Springfield, Mass., a daughter, Rose, to Mr. and Mrs. Luther S. Allen. Mrs. Allen was Margaret Rose Lockwood, class of 1911, New England Hospital for Women and Children, Roxbury, Mass.

On October 5, a son, to Dr. and Mrs. William Richard Brown. Mrs. Brown was Helen T. Sanford, class 1907, Protestant Episcopal Hospital, Philadelphia, Pa.

On October 26, at Harrisburg, Pa., a son, to Mr. and Mrs. Charles N. Mitchell. Mrs. Mitchell was Bess Johns, class of 1914, Harrisburg Hospital, Harrisburg, Pa.

On October 30, at Tulsa, Okla., a son, to Mr. and Mrs. Frank B. Long. Mrs. Long was Esther Hanna, class of 1912, Harrisburg Hospital, Harrisburg, Pa.

On October 5, at Baltimore, Md., a daughter, Mary Daniel, to Mr. and Mrs. William D. Hurst. Mrs. Hurst was Elizabeth Price, class of 1913, Maryland General Hospital, Baltimore.

MARRIAGES

On September 7, at Sutton, Neb., Frieda Elfring, class of 1914, Jennie Edmondson Hospital, Council Bluffs, Iowa, to Rev. Schleiselman. Mr. and Mrs. Schleiselman will live in Clinton, Iowa.

On September 23, Genevieve Morgan, class of 1913, Jennie Edmunson Hospital, Council Bluffs, Iowa, to J. H. Robertson. Mr. and Mrs. Robertson will live in Minneapolis, Minn.

On October 26, Chiretta Heller, Ottumwa Hospital, Ottumwa, Iowa, to John E. Harsch. Mr. and Mrs. Harsch will live in Ottumwa, Iowa.

In June, at Baltimore, Md., Irene Shields, class of 1915, University of Maryland Hospital, to George E. Dawson. Mr. and Mrs. Dawson will live in Durham, N. C.

In June, at Baltimore, Md., Elsie McCann, class of 1913, University of Maryland Hospital, to H. Hood. Mr. and Mrs. Hood will live in Baltimore.

In June, at Baltimore, Md., Maud Mundy, class of 1913, Mercy Hospital, Baltimore, to William Farrell. Mr. and Mrs. Farrell will live in Brooklyn, N. Y.

On November 2, at Cos Cob, Conn., Minnie N. Lasher, class of 1908, Beidler

Sellman Hospital, Baltimore, to William T. Stillwell. Mr. and Mrs. Stillwell will live in Cos Cob, Conn.

Recently, at Baltimore, Md., Regina Rabbe, class of 1916, Johns Hopkins Hospital, to Dr. Harrison. Dr. and Mrs. Harrison will live in Persia, Asia.

Recently, at Troy, N. Y., Mary Edna Wales, class of 1916, Johns Hopkins Hospital, to Dr. Albert Gardner Barrett. Dr. and Mrs. Barrett will live in Granville, N. Y.

On June 14, at Lowell, Mass., Christine Germain, State Infirmary, Tewksbury, Mass., to Earle Carlyle Willoughby, M.D. Dr. and Mrs. Willoughby will live in Tewksbury.

In June, at Manchester, Anna Welsenback, to John Mitchell. Mr. and Mrs. Mitchell will live in Manchester.

On October 25, at Hartford, Conn., Emily J. Starkey, Newton Hospital, Newton Lower Falls, to Frank Robinson Clark, M.D. Dr. and Mrs. Clark will live in Newtonville, Mass.

Recently, at Houston, Texas, Bertha Newbauer, John Sealy Hospital, Galveston, to Charles Turner Stone, M.D. Dr. Stone is instructor in medicine at the University of Texas.

On September 19, at Bloomsburg, Pa., Louise Adele Reighard, class of 1904, Phoenixville Hospital, Phoenixville, Pa., to Leander H. Mathews. Mr. and Mrs. Mathews will live at Leetsdale, Pa.

On October 7, at Troy, N. Y., Helen McMann, class of 1910, Troy Hospital, to Lewis Shiner.

On October 16, Anna Myra Rutherford, class of 1912, Presbyterian Hospital, Philadelphia, to James M. Dugan.

On October 28, Virgie Violet Hoffman, class of 1912, Presbyterian Hospital, Philadelphia, to Joseph Hodgson. Mr. and Mrs. Hodgson will live in Baker, Mont.

On October 10, at Council Bluffs, Iowa, Etta Smith, class of 1915, Fremont Hospital, Fremont, Neb., to Charles Hansen. Mr. and Mrs. Hansen will live in Omaha.

On August 2, at Laramie, Wyo., Lina Washburn, class of 1915, Douglas County Hospital, Omaha, Neb., to C. R. Kennedy. Mr. and Mrs. Kennedy will live in Laramie.

On August 29, at Houston, Texas, Mrs. Julia Huff Howard, formerly Julia Huff, class of 1907, Charity Hospital, New Orleans, La., to Daniel Tracy. Mr. and Mrs. Tracy will live in Houston.

On September 27, Jane Bruyn Decker, class of 1910, Brooklyn Hospital, Brooklyn, N. Y., to Rev. Arthur Russell Chaffee. Mr. and Mrs. Chaffee will live in Asheville, N. C.

On October 10, at Waterloo, Iowa, Emma Piepenbrink, class of 1912, Lutheran Hospital, St. Louis, Mo., to Arthur William Abbey. Mr. and Mrs. Abbey will live in New York.

On September 28, at New York, N. Y., Leta M. Brown, class of 1908, Roosevelt Hospital, New York, to Herbert Soudamore. Mr. and Mrs. Soudamore will live in New York.

On October 15, at Mannville, Fla., Alice Helen Jerney, class of 1909, St. Joseph's Hospital, Deadwood, S. D., to Harold A. Mann. Mr. and Mrs. Mann will live in Mannville.

On September 21, Ida G. Corcoran, class of 1915, Illinois Training School, Chicago, to Dr. F. F. McHugh. Dr. and Mrs. McHugh will live in Chippewa Falls, Wis.

On September 16, Vera Bigelow, class of 1915, Illinois Training School, Chicago, to Francis Albro. Mr. and Mrs. Albro will live in Berkeley, Cal.

On August 17, Martha Margaret Lloyd, class of 1915, Protestant Episcopal Hospital, Philadelphia, Pa., to Dr. Carl E. Evans. Dr. and Mrs. Evans will live in Newark, Ohio.

On September 2, at Oak Lane, Philadelphia, Pa., Emma Irene Mitch, class of 1915, Protestant Episcopal Hospital, Philadelphia, Pa., to Rev. Thomas Shoesmith. Mr. and Mrs. Shoesmith will live in Morton, Pa.

On September 8, Prudence L. Sinyard, class of 1911, Protestant Episcopal Hospital, Philadelphia, Pa., to Charles Stuart Straw. Mr. and Mrs. Straw will live in Camden, N. J.

On October 21, at Providence, R. I., Gertrude Winifred Dunn, class of 1910, Rhode Island Hospital, to Frederick William Pollitt.

On September 11, at Quincy, Ill., Alta Learned, to Arthur W. Stewart. Mr. and Mrs. Stewart will live in Detroit, Mich.

On September 5, Zeola Burtch, class of 1915, Illinois Training School, Chicago, to George Blight. Mr. and Mrs. Blight will live in Chicago.

On September 30, Dorothy Hartley, class of 1916, Illinois Training School, Chicago, to William Jackson. Mr. and Mrs. Jackson will live in Ellenwood, Kans.

On August 24, Celia Jay, Norton Memorial Infirmary, Louisville, Ky., to Charles Kennedy. Mr. and Mrs. Kennedy will live in New Albany, Ind.

On September 9, at Louisville, Ky., Martha Gates, class of 1912, Deaconess Hospital, to Wilbur S. Johnson, D.D.S. Dr. and Mrs. Johnson will live in Danville, Ky.

On October 9, at St. Helen's, Ky., Barbara L. Lanahan, Waverly Hill Sanatorium, to Dr. John B. Floyd. Dr. Floyd is superintendent of the sanatorium.

In September, at Boston, Mass., Mary Lynch, State Infirmary, Tewksbury, Mass., to Dr. Edward Robins. Dr. and Mrs. Robins will live in Cambridge, Mass.

On September 1, at Philadelphia, Pa., Alice Flaherty, class of 1895, Methodist Episcopal Hospital, Philadelphia, to Jacob Heckendorn.

Recently, Jean Davidson, class of 1912, Methodist Episcopal Hospital, Philadelphia, to Alroid Van Gordon.

In September, Catherine Renecky, class of 1907, Charity Hospital, New Orleans, La., to William Verlander.

In September, Mary English, class of 1906, Hahnemann Hospital, Philadelphia, Pa., to H. Painter. Mr. and Mrs. Painter will live in Wyoming.

Recently, Helen M. Smith, class of 1915, Hahnemann Hospital, Philadelphia, Pa., to Joseph Albrecht. Mr. and Mrs. Albrecht will live in South Bethlehem, Pa.

On June 24, at Salida, Colo., Ella Welch, to William G. Rannells. Mr. and Mrs. Rannells will live at La Jolla, Calif.

On November 7, at Suffield, Conn., Mabel F. Phelps, House of Mercy, Pittsfield, Mass., to John Swenson.

On October 24, at Ogdensburg, N. Y., Nellie Sullivan, class of 1916, St. Lawrence State Hospital, Ogdensburg, to Charles Cunnungham.

On October 18, at Ogdensburg, N. Y., Mary J. Byrne, class of 1911, St. Lawrence State Hospital, Ogdensburg, to John Halpin. Mr. and Mrs. Halpin will live in Ogdensburg.

On October 18, at Pittsburgh, Pa., Alice Bolan, class of 1907, St. Luke's Hospital, South Bethlehem, Pa., to James M. Sterling.

DEATHS

On October 28, at Kenton, Ohio, Mrs. Frank D. Bain. Mrs. Bain was Elisabeth M. Culberson, class of 1906, Cincinnati Hospital, Cincinnati, Ohio.

On October 7, at Chicago, Ill., Mrs. Bernice McDonald, class of 1914, Illinois Training School for Nurses, Chicago.

In August, at Augustana Hospital, Chicago, Nina Mosher, class of 1910, Illinois Training School.

On October 15, at New Orleans, La., Pauline Becknell, class of 1912, Hotel Dieu, New Orleans. Miss Becknell was superintendent of the French Hospital for two years, but was obliged to resign because of failing health. She was a woman of high ideals and of a persevering and enduring spirit; she bore her sufferings with great courage. Her friends mourn her loss.

On October 11, Clara Lohoefer, class of 1907, Lutheran Hospital Training School, St. Louis, Mo. Miss Lohoefer was ill a long time. She had followed her profession in Kansas City, Mo., where she did both private nursing and public health work. Her friends, by whom she was much loved, feel the following tribute from a Kansas City physician, was well deserved: "Miss Lohoefer was such a sweet-natured and happy person with all her suffering and physical limitations. She was such a lesson to all who knew her, in her patience and faithful service. Her life was, in the years I knew her, a blessing to many."

On November 2, at London, England, Louisa Parsons, a graduate of St. Thomas Hospital. Miss Parsons assisted in the forming of Johns Hopkins Hospital Training School, and was for some years superintendent of nurses at the University of Maryland Hospital. Later she returned to England, and saw service during the Boer war. She returned to this country where she had a large circle of friends, but was recalled to England. During her last illness she requested a visit from Sir William Osler, who gladly responded. At the time of her death she was a member of the Massachusetts State Association and of the Spanish-American War Nurses' Association, whose Gloucester Camp is named "Louisa Parsons."

On October 13, at Kansas City, Mo., Estrid Bergman, class of 1909, Augustana Hospital, Chicago. Miss Bergman's death followed an operation for appendicitis. For two years she had been acting superintendent of the Swedish Hospital as well as superintendent of nurses and her loss is greatly felt by this institution. Since graduating Miss Bergman had done visiting nursing in Chicago, institutional work in Grand Rapids, Mich., and had served as superintendent of Cushing Hospital, Leavenworth, Kansas. A host of friends feel her loss, as her motto was, "To serve."

From a clipping sent to the JOURNAL by a reader, we learn of the death of Stephanie Hampl, who lost her life by the sinking of the steamship, *Brindisi*, while on her way to Montenegro, to serve as a nurse under the expedition sent out by John W. Frothingham, of New York. We do not know from what school Miss Hampl graduated.

By request of the chief nurse of the Navy Nurse Corps, we quote the following extract from the *Guam News Letter*.

"The whole naval establishment and foreign colony in Guam were deeply shocked by the death on August third at the Naval Hospital, of Nelle M. Shersinger, Navy Nurse Corps. Miss Shersinger had been ill but a few days before being admitted to the hospital on July twenty-sixth. On July thirtieth, her

condition not improving, an operation was performed. Transfusion of blood was resorted to on August second but it gave only temporary relief and she breathed her last at 4.45 the next morning. The funeral services were held in the Catholic Church on August 4. She was interred with full military honors in the little Naval Cemetery of Agana. All officers attached to the station, the officers of the *Cormoran*, the Navy Nurses, the enlisted personnel of the Navy and Marine Corps and many civilians marched in the funeral procession. Miss Shersinger was a graduate of the Wheeling General Hospital, Wheeling, West Virginia, and was appointed to the Navy Nurse Corps from Columbus on April 27, 1915. Her short life in Guam, having arrived May 29, 1916, was a happy one and all who knew her loved her for her light smile and thoughtful kindness."

On October 28, which was her seventy-ninth birthday, Sister Mary Agnes, of New Orleans, La. Sister Agnes had been connected with the Charity Hospital for fifty-four years, being for forty years of that time, Superioress. During her administration of the household and nursing departments the hospital grew from one small building to its present size. She had wonderful tact and ability and proved a source of inspiration to all who came in contact with her. Her funeral was attended by state and city officials as well as by doctors and nurses connected with the hospital, all of whom mourned her loss and wished to do her honor.

On October 20, at St. Mary's Hospital, Hoboken, N. J., Daniel Hogan, a graduate of Bellevue Hospital, New York City. Mr. Hogan made his contribution to his profession through his association for more than seventeen years with the firm of Meinecke & Co. After leaving Bellevue, Mr. Hogan spent several years in private nursing where his ingenuity in providing for the comfort of the sick won for him the admiration of many influential patients, with some of whom he travelled in Europe. Up to that time no serious effort had been made in the improvement of nursing appliances, and seeing the need for radical improvements in this direction, Mr. Hogan devoted the remaining 20 years of his life to this work. Not alone did he consider the comfort of the patient, but he aimed at making appliances that would save the time and labor of the nurse and at the same time introduce more sanitary conditions in hospital work. That his efforts were not in vain is shown by the fact that some of his comfort-giving, labor-saving appliances are to be found in almost every hospital in the United States and in many in Canada, as well as abroad. His work was recognized at the Panama-Pacific Exposition when in addition to awarding a gold medal to Meinecke & Co. the Superior Jury also awarded a silver medal to Mr. Hogan personally. While probably not so well known to the nurses who graduated in recent years, Mr. Hogan possessed the esteem and friendship of many prominent nurses, among them many who were instrumental in forming the American Nurses' Association, and who will learn with sincere regret of his death. Mr. Hogan was a familiar figure at the nurses' conventions, where his genial and amusing way of explaining his various improvements won him many friends. Irish by birth, simple and unassuming in his manners, he possessed to a marked degree the wit and philosophy of his countrymen, and it will be a long time before his good natured personality is forgotten. For the past two years he had been failing in health and had been confined to his bed for the past year. Burial was at Flower Hill Cemetery.

BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON, R.N.

INFANT FEEDING AND ALLIED TOPICS. By Harry Lowenburg, A.M., M.D., Assistant Professor of Pediatrics Medico-Chirurgical College of Philadelphia; Pediatricist to the Mt. Sinai Hospital; Pediatricist to the Jewish Hospital; Pediatricist to the Jewish Maternity Hospital, Consulting Pediatricist to the Hebrew Orphans' Home; Assistant Pediatricist to the Medico-Chirurgical Hospital and to the Philadelphia General Hospital, etc. F. A. Davis Company, Philadelphia. Price \$3.00.

Doctor Lowenburg is to be congratulated on his courage. His book opens with a long chapter, of forty-eight pages, on breast feeding. The majority of physicians, nowadays, while they may urge its claims upon maternal responsibility, are quick to recognise that they are on the unpopular side and sooner or later abandon it, as a lost cause.

The book proper is devoted to artificial feeding and to the disorders attendant upon injudicious management. "Adherence to the percentage idea, in its broader sense, has been maintained as furnishing a valuable method of thinking and not as a '*conditio, sine qua non*,' the idea being that individualisation is the basic principle of successful infant feeding." The advantages and disadvantages of the caloric system are discussed and the advantages of skim milk as more stable in quality than top milk, or cream and milk, are stated. The book is illustrated by sixty-four engravings and thirty full page plates of which eleven are in colors.

PRACTICAL MASSAGE AND CORRECTIVE EXERCISES. By Hartwig Nissen. F. A. Davis Company, Philadelphia. Price \$1.50.

The author states in his preface that the experience of forty years' practice is embodied in his new volume on massage and corrective manipulation, or mechanotherapy. This means of treatment, which for a time seemed to be less in use than formerly, has come to the front again and is the most popular and universal corrective of the results of poliomyelitis.

AN INTRODUCTION TO BACTERIOLOGY FOR NURSES. By HARRY W. Carey, A.B., M.D., Former Assistant Bacteriologist, Bender Hygienic Laboratory, Albany, N. Y.; Associate in Medicine, Samaritan Hospital, and City Bacteriologist, Troy, N. Y. F. A. Davis, Philadelphia. Price \$1.00.

This book, while it affords most interesting reading, is not intended as a handbook for practical use in bacteriology classwork. Its office is to provide, in a broad and general way, a knowledge of the principles of bacteriology necessary for the nurse in the performance of routine duties. She is taught the nature of the pathogenic bacteria and the factors influencing infection; the toxins resulting from infection; the means of acquiring immunity from infections, including the vaccines etc. There is a chapter on the destruction of bacteria by means of sterilization or disinfection. There is also a chapter on the technique of preparations for, and the collection of, material for bacterial examination. Blank pages are inserted for the convenience of students' notes at the end of each chapter.

THE PRACTICAL CARE OF THE BABY AND YOUNG CHILD. By Theron Wendell Kilmer, M.D., Lecturer in Diseases of Children in the New York Polyclinic Medical School and Hospital; Assistant Attending Physician (children) in New York Polyclinic Hospital; Consulting Pediatric Summer House of St. Giles, Garden City, N. Y.; Consulting Pediatric to the Hempstead Sanatorium, Hempstead, N. Y. Second revised edition. F. A. Davis Company, Philadelphia. Price 75 cents.

Nothing more practical, on the clothing, feeding, and early training of the infant, in habits that make for healthy and happy children, has come our way, than Dr. Kilmer's little book, which covers all the vital points in the rearing of children up to the second year. Artificial feeding, which seems to be the rule rather than the exception, receives special attention. Not only the necessary formulae are given, but minute instructions in regard to the cleaning of bottles and nipples and of all utensils and articles used in the preparation of the food.

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